

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000017553**

1. Entity Name  
**T N T COMMERCIAL GROUNDS MAINTENANCE INC.**



**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
136 SNELL ISLE  
ST. PETERSBURG, FL 33704

Mailing Address  
136 SNELL ISLE  
ST. PETERSBURG, FL 33704



02202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3429504</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SOFRANKO, VICKI L  
136 SNELL ISLE BLVD NE  
ST. PETERSBURG, FL 33704

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SOFRANKO, JACK L
STREET ADDRESS	136 SNELL ISLE BLVD. N.E.
CITY - ST - ZIP	ST. PETERSBURG, FL 33704
TITLE	D
NAME	SOFRANKO, VICKI L
STREET ADDRESS	136 SNELL ISLE BLVD. N.E.
CITY - ST - ZIP	ST. PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000837888  
03/05/08-80009-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-08

Date

727-894-2444

Daytime Phone #