

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000051596

1. Entity Name
TNT #1, INC.



Principal Place of Business
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

Mailing Address
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

FILED
Apr 21, 2004 08:00 AM
Secretary of State



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0762217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAGEE, TERESA
3903 FLAG DRIVE
PALM BEACH GARDENS, FL 33410

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 *Teresa Magee*

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

(NOTE: Registered Agent signature required when reappointing)

4/18/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000121938
04/21/04-80007-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MAGEE, TERESA C/OTNT #1 INC 777 S FLAGLER DR WEST PALM BEACH, FL 33401
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Teresa Magee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

Date

Daytime Phone #

561-659-1993