

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 288183

1. Entity Name
TOMASELLO INC



Principal Place of Business

5311 GEORGIA AVE
PO BOX 6697
W PALM BCH, FL 33405

Mailing Address

5311 GEORGIA AVE
PO BOX 6697
W PALM BCH, FL 33405



DO NOT WRITE IN THIS SPACE

01282005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1097907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GADDONI, WILLIAM L.
4362 NORTHLAKE BLVD. SUITE 203
PALM BCH 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

Regina T. Doll
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DOLL, CHARLES R
STREET ADDRESS 1850 LIN MAR DR
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE T
NAME DOLL, REGINA T
STREET ADDRESS 1841 LIN MAR DR
CITY-ST-ZIP W. PALM BEACH, FL

TITLE VP
NAME STAHL, THOMAS A
STREET ADDRESS 115 W CYPRESS RD
CITY-ST-ZIP LAKE WORTH, FL

TITLE S
NAME DOLL, TRACY G
STREET ADDRESS 1850 LIN MAR DR
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000215842
02/05/05-80023-014 150.00

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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:

Regina T. Doll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGINA T. DOLL

1/28/05

Date

Daytime Phone #