


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90101 010 ***150.00

DOCUMENT # J81154

1. Entity Name
TOM'S SMALL ENGINE REPAIR, INC.



Principal Place of Business 8120 LONE STAR RD. JACKSONVILLE, FL 32211	Mailing Address 8120 LONE STAR RD. JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2838417	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, THOMAS M.
~~575 MCKINLEY MATTOX RD~~ **1711 N.E. 132ND LANE**
~~PERRY, FL 32047~~
TRENTON 21A
32693

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALLACE, THOMAS M. 575 MCKINLEY MATTOX RD 1711 N.E. 132ND LANE PERRY, FL 32047 TRENTON 21A 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WALLACE, PHYLIS K. 575 MCKINLEY MATTOX RD 1711 N.E. 132ND LANE PERRY, FL 32047 TRENTON 21A 32693
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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: *Thomas M. Wallace* **5-1-05** **9047259203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #