, 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2006 08:00 AM DOCUMENT # L81083 **Secretary of State** 1. Entity Name TOMKOW BROTHERS, INC. Principal Place of Business Mailing Address P.O. BOX 26 LAKELAND FL 33801 US LAKELAND FL 33802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3013122 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOMKOW, MICHAEL B. Street Address (P.O. Box Number is Not Acceptable) 3418 BARLEY LN LAKELAND FL 33803 City Zip Code 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 arginature required when revisiting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete HILE The Party ☐ Change NAME TOMKOW, MICHAEL B. HAME STREET ADDRESS 3418 BARLEY LANE STREET ADDRESS CUTY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Adam; MAME TOMKOW, DAVID L. HABAF U000000443881 STREET ADDRESS 2412 W ARIANA ST STREET ADDRESS ซ3/นิธิ/นิธิ-80นิวิริ-a12 15ผ.กอ CHY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE Delete HALE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delcte TITLE RITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Detete 31I1F ☐ Change ☐ Additior NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 cath, 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.

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