

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000135778

1. Entity Name
TOM'S AUTO REPAIR OF GULF COUNTY, INC.



Principal Place of Business
**327 BALBOA STREET
PORT SAINT JOE, FL 32456 US**

Mailing Address
**327 BALBOA STREET
PORT SAINT JOE, FL 32456 US**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
20-3569069

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**PARKER, THOMAS R
341 BALBOA STREET
PORT SAINT JOE, FL 32456**

**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 of the registered agent or registered agent in charge

Signature of registered agent or registered agent in charge

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 NAME STREET ADDRESS CITY ST ZIP	P PARKER, THOMAS R 341 BALBOA STREET PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY ST ZIP	VP PARKER, SHERRY L 341 BALBOA STREET PORT SAINT JOE, FL 32456
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01/16/08-80073-018 150.00

**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 a "other" be empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R. PARKER

1-10-08

850 647 2700