

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000083637

1. Entity Name
TONSMEIRE MANAGEMENT CORPORATION



Principal Place of Business
14620 RIVER ROAD
PENSACOLA, FL 32507

Mailing Address
14620 RIVER ROAD
PENSACOLA, FL 32507

FILED
Aug 18, 2008 08:00 AM
Secretary of State



08042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5232013	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TONSMEIRE, ARTHUR C III
14620 RIVER ROAD
PENSACOLA, FL 32507

**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, 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
Due by September 12, 2008**

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	P
NAME	TONSMEIRE, ARTHUR C III
STREET ADDRESS	14620 RIVER ROAD
CITY-ST-ZIP	PENSACOLA, FL 32507

TITLE	VP
NAME	TONSMEIRE, ELIZABETH D
STREET ADDRESS	14620 RIVER ROAD
CITY-ST-ZIP	PENSACOLA, FL 32507

TITLE	VP
NAME	DORGAN, CAROL A
STREET ADDRESS	14620 RIVER ROAD
CITY-ST-ZIP	PENSACOLA, FL 32507

TITLE	S
NAME	TONSMEIRE, ARTHUR C III
STREET ADDRESS	14620 RIVER ROAD
CITY-ST-ZIP	PENSACOLA, FL 32507

TITLE	T
NAME	TONSMEIRE, ARTHUR C III
STREET ADDRESS	14620 RIVER ROAD
CITY-ST-ZIP	PENSACOLA, FL 32507

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/08/08 (251) 928-1655

Date

Daytime Phone #