

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058669

FILED
Apr 27, 2005
Secretary of State

Entity Name: TOMBSTONE ASSOCIATES, INC.

Current Principal Place of Business:

306 WICKLIN BV
LANTANA, FL 33462

New Principal Place of Business:

6043 86TH DR. S.
LAKEWORTH, FL 33467

Current Mailing Address:

306 WICKLIN BV
LANTANA, FL 33462

New Mailing Address:

6043 86TH DR. S.
LAKEWORTH, FL 33467

FEI Number: 65-0599399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVELLIS, COSMO
6043 86TH ST.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEVELLIS, COSMO
Address: 6043 86TH ST.
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: DEVELLIS, COSMO III
Address: 5092 OUCACHITA DRIVE
City-St-Zip: LAKEWORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COSMO DEVELLIS

D

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date