

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058669

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** TOMBSTONE ASSOCIATES, INC.

**Current Principal Place of Business:**

6043 86TH DR. S.  
LAKEWORHT, FL 33467

**New Principal Place of Business:**

6043 86TH DR. S.  
LAKEWORTH, FL 33467

**Current Mailing Address:**

6043 86TH DR. S.  
LAKEWORHT, FL 33467

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: COSMO DEVELLIS

D

01/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date