2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 156443

1. Entity Name
TOM MCDONALD OIL COMPANY, INC.

Principal Place of Business
1217 BAYSHORE BLVD
INDIAN ROCKS BEACH, FL 33785 US

Mailing Address
1217 BAYSHORE BLVD
INDIAN ROCKS BEACH, FL 33785 US

01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0601991
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINDALE, MARY ANN
1217 BAYSHORE BLVD.
INDIAN ROCKS BEACH, FL 33785

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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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTINDALE, MARY ANN
STREET ADDRESS	1217 BAYSHORE BLVD.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 337852829
TITLE	ST
NAME	MARTINDALE, NEWELL
STREET ADDRESS	1217 BAYSHORE BLVD.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 337852829
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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01/23/04-80024-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mary Ann Martindale - MARY ANN MARTINDALE 1/21/04 - 727-5960638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #