2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 210675

1. Entity Name
TOMBRINK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2905 SUTTON PINES CT PLANT CITY, FL 33566 US	2905 SUTTON PINES CT PLANT CITY, FL 33566 US

03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0847415
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOMBRINK, RICHARD, JR.
21042 DANDY ROAD
BROOKSVILLE, FL 34601

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	TOMBRINK, MARGARET
STREET ADDRESS	8526 PEPPERCORN DR.
CITY-ST-ZIP	ORLANDO, FL
TITLE	DS
NAME	BODINE, ELIZABETH
STREET ADDRESS	36821 JEFFERSON AVE
CITY-ST-ZIP	DADE CITY, FL
TITLE	DT
NAME	TOMBRINK, STEVENS E.
STREET ADDRESS	2905 SUTTON PINES CT
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	PD
NAME	TOMBRINK, RICHARD, JR
STREET ADDRESS	21042 DANDY RD.
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U#100000309135
04/15/05-80026-001 150.00

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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: _____ 4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #