

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 234524

1. Entity Name

TOM AND SUE, INC.



FILED
Mar 10, 2008 08:00 AM
Secretary of State

Principal Place of Business

5629 PIERCE STREET
% SUSAN COYNE
HOLLYWOOD FL 33021

Mailing Address

5629 PIERCE STREET
HOLLYWOOD FL 33021



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0882499

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

THOMAS L SCHOMMER
5320 STATE ROAD 84 (REESE ROAD)
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SCHOMMER, THOMAS L
STREET ADDRESS 1841 SW 36 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE SD ☐ Delete
NAME QUINTANA COYNE, SUSAN
STREET ADDRESS 5629 PIERCE ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE TD ☐ Delete
NAME SCHOMMER, THOMAS L
STREET ADDRESS 1841 SW 36 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 03/25/08-80031-006 138.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 03/25/08-80031-006 150.00

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Susan Quintana Coyne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN QUINTANA COYNE

3/5/08 954-981-7319
Date Daytime Phone #