


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 288183  
 1. Entity Name  
 TOMASELLO INC



Principal Place of Business      Mailing Address  
 5311 GEORGIA AVE                      5311 GEORGIA AVE  
 PO BOX 6697                              PO BOX 6697  
 W PALM BCH, FL 33405                  W PALM BCH, FL 33405



01142007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-1097907              Not Applicable

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

6. Name and Address of Current Registered Agent  
 GADDONI, WILLIAM L.  
 4362 NORTHLAKE BLVD. SUITE 203  
 PALM BCH GARDENS, FL 33410

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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOLL, CHARLES R
STREET ADDRESS	1850 LIN MAR DR
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	T
NAME	DOLL, REGINA T
STREET ADDRESS	1841 LIN MAR DR
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	VP
NAME	STAHL, THOMAS A
STREET ADDRESS	115 W CYPRESS RD
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	S
NAME	DOLL, TRACY G
STREET ADDRESS	1850 LIN MAR DR
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/07-80005-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Tracy G. Doll*      TRACY G. DOLL      1/14/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #