2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 383320

1. Entity Name
TOMASINO & ASSOCIATES, INC. - CONSULTING ENGINEERS

Principal Place of Business
10921 N 56TH STREET, SUITE 200
TEMPLE TERRACE, FL 33617-3000 US

Mailing Address
10921 N 56TH STREET, SUITE 200
TEMPLE TERRACE, FL 33617-3000 US

01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1350215

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOMASINO,PAUL
10921 N 56TH ST, STE 200
TEMPLE TERRACE, FL 33617

DO NOT WRITE IN THIS SPACE

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	PTD
NAME	TOMASINO,PAUL
STREET ADDRESS	10921 N 56TH ST, STE 200
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	VS
NAME	TOMASINO, SHERRILL M
STREET ADDRESS	10921 N 56TH ST, STE 200
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	VP
NAME	ALLEN, STEVE L
STREET ADDRESS	3216 TARA GROVE DR
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	AVP
NAME	MCGEHEE, BRUCE S
STREET ADDRESS	4415 BOUGH RD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000192985
01/25/05-80043-011 8.75

U00000192985
01/25/05-80043-012 150.00

DO NOT WRITE IN THIS SPACE

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: Paul Tomasino Paul Tomasino 01/20/05 813-988-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #