


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 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	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-1350215	
		Applied For (Not Applicable)	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	MCGEEHEE, 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			
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: <i>Sherrill M. Tomasino</i>		<i>Sherrill M. Tomasino, 1/5/06, 813-988-9102</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	