


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90818 023 ***150.00

DOCUMENT # 383320

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



Principal Place of Business Mailing Address

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

12301 N. 52nd St. *12301 N. 52nd St.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

04252007 Chg-P CR2E034 (12/06)

City & State City & State

Temple Terrace FL *Temple Terrace*

Zip Country Zip Country

33617 *USA* *33617* *USA*

4. FEI Number Applied For

59-1350215 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

7. Name and Address of New Registered Agent

Name

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

12301 N. 52nd St.

City State Zip Code

Temple Terrace FL 33617

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Paul Tomasino*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 *813/988-9102*
 Date Daytime Phone #