

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 484050

1. Entity Name
TAMCO FIXTURE GROUP, INC.



Principal Place of Business

**2177 ANDREA LANE
FT MYERS, FL 33912**

Mailing Address

**2177 ANDREA LANE
FT MYERS, FL 33912**



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1651467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'NEIL, B K
2177 ANDREA LANE SE
FT MYERS, FL 33912**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME O'NEIL, B K
STREET ADDRESS 2177 ANDREA LANE SE
CITY-ST-ZIP FT MYERS, FL 33912

TITLE VD
NAME POUND, D R
STREET ADDRESS 2177 ANDREA LANE SE
CITY-ST-ZIP FT MYERS, FL 33912

TITLE D
NAME O'NEIL, S
STREET ADDRESS 2177 ANDREA LANE
CITY-ST-ZIP FT MYERS, FL 33912

TITLE D
NAME POUND, J.L.
STREET ADDRESS 2177 ANDREA LANE
CITY-ST-ZIP FT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000164212
07/07/04-80036-018 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]
JUNE 30/04 (239)
481-8181