

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 520213

1. Entity Name
TOM-ANN-BUDDY, INC.



Principal Place of Business
**1917 WEST CERVANTES ST.
PENSACOLA FL 32501**

Mailing Address
**1917 WEST CERVANTES ST.
PENSACOLA FL 32501**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1716941**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKHAM, VAUGHN T
9 N "J" ST.
PENSACOLA FL 32501**

Name

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

City

FL

Zip Code

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **MARKHAM, DONALD A.**
STREET ADDRESS **1000 W. GOVERNMENT STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **PD** ☐ Delete
NAME **MARKHAM, VAUGHN, T**
STREET ADDRESS **7666 OLD HICKORY DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not contain any false or misleading information contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate to the best of my knowledge and belief, and 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

Donald A. Markham **APR 11, 2007 850-438-9369**