

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 576677 1. Entity Name TOM BURRUSS SALES, INC.			
Principal Place of Business 150 N. CYPRESS WAY CASSELBERRY, FL 32707 US		Mailing Address P. O. BOX 181399 CASSELBERRY, FL 32718-1399 US	
DO NOT WRITE IN THIS SPACE			
			
		03122004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1824641		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURRUSS, THOMAS O 150 N CYPRESS WAY CASSELBERRY, FL 32707		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, 2004 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	ST	DO NOT WRITE IN THIS SPACE	
NAME	BURRUSS, BEVERLY T		
STREET ADDRESS	2453 CAROLTON RD		
CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE	PD		
NAME	BURRUSS, THOMAS		
STREET ADDRESS	2453 CAROLTON RD		
CITY-ST-ZIP	MAITLAND, FL 32751		
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 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: <i>Beverly Burruss</i>		Date: <i>April 29, 2004</i> Daytime Phone #: <i>407-830-6677</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	