

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743532

FILED  
Jul 24, 2004  
Secretary of State

Entity Name: THE PRINCIPALITY OF TOMANIA, INC.

**Current Principal Place of Business:**

4946 SE 117TH PL  
BELLEVIEW, FL 34420 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1526  
BELLVIEW, FL 34421 US

**New Mailing Address:**

FEI Number: 59-1862896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHERMAN, ROGER CARLTON  
201 W. LAUREL ST  
#709  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARNHART, THERESA M.,  
Address: 4946 SE 117 PL PO BOX 1526  
City-St-Zip: BELLVIEW, FL 34421

Title: D ( ) Delete  
Name: SHERMAN, ROGER CARLT, ON  
Address: 201 W. LAUREL ST #709  
City-St-Zip: TAMPA, FL 33602

Title: ST ( ) Delete  
Name: GUGLIELMO, DEBORAH A, .  
Address: 15808 IRONWARE PLACE  
City-St-Zip: TAMPA, FL 33624

Title: V ( ) Delete  
Name: HUGHES, THOMAS,  
Address: 345 BAY SHORE BLVD., #1013  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA M. GARNHART

PD

07/24/2004

Electronic Signature of Signing Officer or Director

Date