2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000202

1. *Entity Name*
TOM JAMES COMPANY

Principal Place of Business	Mailing Address
263 SEABOARD LANE FRANKLIN, TN 37067	263 SEABOARD LANE FRANKLIN, TN 37067

04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1285878
☐ Applied For
☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASALENA, SERGIO
STREET ADDRESS	411 N. CRANBERRY RD.
CITY-ST-ZIP	WESTMINSTER, MD 21157
TITLE	S
NAME	SALYER, WALTER L
STREET ADDRESS	263 SEABOARD LANE
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	D
NAME	SHERRER, ROBERT
STREET ADDRESS	424 S. LYNN RIGGS BLVD.
CITY-ST-ZIP	CLAREMORE, OK
TITLE	D
NAME	CASALENA, SERGIO
STREET ADDRESS	411 N. CRANBERRY RD.
CITY-ST-ZIP	WESTMINSTER, MD 21157
TITLE	D
NAME	WILLIAMS, JAMES P
STREET ADDRESS	263 SEABOARD LANE
CITY-ST-ZIP	FRANKLIN, TN 37067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80120-014 150.00

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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 Walter L. Salyer Walter L. Salyer 4-29-05 (615)771-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #