

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20540

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: TOM-CAT, INCORPORATED

## Current Principal Place of Business:

950 SW MAIN BLVD.  
PO BOX 454  
LAKE CITY, FL 32025 US

## New Principal Place of Business:

950 SW MAIN BLVD.  
PO BOX 454  
LAKE CITY, FL 32056 US

## Current Mailing Address:

950 SW MAIN BLVD.  
PO BOX 454  
LAKE CITY, FL 32025 US

## New Mailing Address:

950 SW MAIN BLVD.  
PO BOX 454  
LAKE CITY, FL 32056 US

FEI Number: 59-1500505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STINSON, THOMAS L.  
1156 S. MARION AVE.  
LAKE CITY, FL 32055 US

## Name and Address of New Registered Agent:

STINSON, THOMAS L.  
1156 S. MARION AVE.  
LAKE CITY, FL 32025 US

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:

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STINSON, THOMAS L.  
Address: 1156 S. MADISON AVE.  
City-St-Zip: LAKE CITY, FL 32055

Title: V ( ) Delete  
Name: STINSON, LYDIA J.,  
Address: 1156 S. MARION AVE.  
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete  
Name: BROWN, TOMI S  
Address: RT 19 BOX 866 ROSSI RD  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STINSON, THOMAS L.  
Address: 1156 S. MARION AVE.  
City-St-Zip: LAKE CITY, FL 32025

Title: V (X) Change ( ) Addition  
Name: STINSON, LYDIA J.,  
Address: 1156 S. MARION AVE.  
City-St-Zip: LAKE CITY, FL 32025

Title: S (X) Change ( ) Addition  
Name: BROWN, TOMI S  
Address: 959 SE, ROSSI DR.  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. STINSON

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date