

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