

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90037 046 ***150.00

DOCUMENT # G20540

1. Entity Name

TOM-CAT, INCORPORATED



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

1156 S. MARION AVE

Suite, Apt. #, etc.

1156 S. MARION AVE

City & State

LAKE CITY, FLORIDA

Zip

32025

Country

COLUMBIA

3. Mailing Address

P.O. Box 454

Suite, Apt. #, etc.

1156 S. MARION AVE

City & State

LAKE CITY, FLORIDA

Zip

32025

Country

COLUMBIA

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-1500505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Thomas L. Stinson

THOMAS L. STINSON

2 MAR 07

Signature, typed or printed name of registered agent and title r. applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME STINSON, THOMAS L.
STREET ADDRESS 1156 S. MARION AVE.
CITY- ST- ZIP LAKE CITY FL 32025

TITLE V ☐ Delete
NAME STINSON, LYDIA J.
STREET ADDRESS 1156 S. MARION AVE.
CITY- ST- ZIP LAKE CITY FL 32025

TITLE S ☐ Delete
NAME BROWN, TOMI'S
STREET ADDRESS 959 SE, ROSSI DR.
CITY- ST- ZIP LAKE CITY FL 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Thomas L. Stinson

THOMAS L. STINSON

2 MAR 07

386-755-7686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #