


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90002 048 ***550.00

DOCUMENT # H13369		
1. Entity Name SOME TOMES, INC.		

Principal Place of Business % ROBERT L. WILLIAMS, ESQ. 241 W.VENICE AVE. VENICE, FL 34285	Mailing Address % ROBERT L. WILLIAMS, ESQ. 241 W.VENICE AVE. VENICE, FL 34285
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40132133



2. Principal Place of Business - No P.O. Box # 241 W Venice Ave	3. Mailing Address 241 W Venice Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09072007 Chg-P CR2E034 (12/06)

City & State Venice, FL	City & State Venice, FL
Zip 34285	Zip 34285
Country USA	Country USA

4. FEI Number 59-2428061	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARLAND, NANCY 1332 PINEBROOK WAY VENICE, FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>x Nancy Garland</i> DATE 9/8/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARLAND, NANCY 241 WEST VENICE AVENUE VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARLAND, RONALD 241 WEST VENICE AVENUE VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
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SIGNATURE: <i>x Nancy Garland</i> 9/8/07 941-488-1307 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <small>Daytime Phone #</small>
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