

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90135 031 \*\*\*150.00

**DOCUMENT # H19703**

1. Entity Name  
TOMEL CO., INC.



Principal Place of Business

% THOMAS R. LOUWERS  
1619 PERIWINKLE WAY, SUITE 102  
SANIBEL, FL 33957

Mailing Address

% THOMAS R. LOUWERS  
1619 PERIWINKLE WAY, SUITE 102  
SANIBEL, FL 33957



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2448184

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LOUWERS, THOMAS R.  
1619 PERIWINKLE WAY, SUITE 102  
SANIBEL, FL 33957

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | DP                   |
| NAME           | LOUWERS, THOMAS R.   |
| STREET ADDRESS | 1195 SANDCASTLE ROAD |
| CITY-ST-ZIP    | SANIBEL, FL          |
| TITLE          | DV                   |
| NAME           | LOUWERS, THERESA E.  |
| STREET ADDRESS | 1195 SANDCASTLE ROAD |
| CITY-ST-ZIP    | SANIBEL, FL          |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*Theresa E Louwers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08  
Date

239-472-5152  
Daytime Phone #