

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H27529

1. Entity Name
THOMAS M. SHEATS AND ASSOCIATES, INC.



FILED
Apr 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
14501 OLD SHERIDAN ST
FORT LAUDERDALE, FL 33330 US

Mailing Address
14501 OLD SHERIDAN ST
102
FORT LAUDERDALE, FL 33330 US



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2476002
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEATS, THOMAS M.
14501 OLD SHERIDAN ST.
FORT LAUDERDALE, FL 33330

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP SHEATS, THOMAS M. 14501 OLD SHERIDAN ST FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEATS, DEBORAH R. 14501 OLD SHERIDAN ST FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000003110108
04/12/04-80072-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 M. Sheats
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/04 954-434-

Daytime Phone #

1117