

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # H67197

1. Entity Name
TOMLINSON BROTHERS CONSTRUCTION CO., INC.



Principal Place of Business
**10712 FLORENCE AVE.
THONOTOSASSA, FL 33592 US**

Mailing Address
**10712 FLORENCE AVE.
THONOTOSASSA, FL 33592 US**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2499565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TOMLINSON, SCOTT
10712 FLORENCE AVE.
THONOTOSASSA, FL 33592**

**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, 2007 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	PD TOMLINSON, TODD 4817 SETH LANE PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMLINSON, SCOTT 10712 FLORENCE AVE THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TOMLINSON, JEFF P O BOX 809 DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/07-80053-007 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

813-986-7772

Daytime Phone #