

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90093 016 \*\*\*150.00

**DOCUMENT # J14159**

1. Entity Name

THOMAS HISHMEH, INC.



Principal Place of Business

2740 COVE VIEW DR NORTH  
JACKSONVILLE FL 32257

Mailing Address

2740 COVE VIEW DR NORTH  
JACKSONVILLE FL 32257



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2674148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HISHMEH, THOMAS  
2740 COVE VIEW DR. N.  
JACKSONVILLE FL 32257

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

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**  
**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	DT - <input type="checkbox"/> Delete
NAME	HISHMEH, THOMAS
STREET ADDRESS	2740 COVE VIEW DR N
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	P - <input type="checkbox"/> Delete
NAME	HISHMEH, VERA
STREET ADDRESS	2740 COVE VIEW DR. N.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> Delete
NAME	CARROLL, LORRAINE
STREET ADDRESS	2740 COVE VIEW DR. N.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Hishmeh* **THOMAS HISHMEH** *1/29/07* *904-399-1258*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #