


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K01853</b>		
1. Entity Name <b>TOM GREEN, INC.</b>		
Principal Place of Business <b>14497 OLIVER ST LARGO, FL 33774 US</b>	Mailing Address <b>PO BOX 3442 SEMINOLE, FL 33775</b>	

**DO NOT WRITE IN THIS SPACE**



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2855480</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GREEN, TOM  
14497 OLIVER ST  
LARGO, FL 33774**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) 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**

U00000612471  
02/02/07-80107-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>GREEN, TOM A.</b>
NAME	
STREET ADDRESS	<b>14497 OLIVER ST.</b>
CITY-ST-ZIP	<b>LARGO, FL 33774</b>
TITLE <b>S</b>	<b>GREEN, EVI</b>
NAME	
STREET ADDRESS	<b>14497 OLIVER ST</b>
CITY-ST-ZIP	<b>LARGO, FL 33774</b>
TITLE <b>V</b>	<b>GREEN, DAVID</b>
NAME	
STREET ADDRESS	<b>14497 OLIVER STREET</b>
CITY-ST-ZIP	<b>LARGO, FL 33774</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Tom Green* **TOM GREEN**

**1-27-07**

**727-596-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #