


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K21700 1. Entity Name TOM TANENBAUM, INC.	
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Principal Place of Business % TOM TANENBAUM 218 E COPELAND DR ORLANDO, FL 32806-9104	Mailing Address % TOM TANENBAUM 218 E COPELAND DR ORLANDO, FL 32806-9104
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07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2872221	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  
  
TANENBAUM, TOM  
218 E COPELAND DR  
ORLANDO, FL 32806

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANENBAUM, TOM 218 E COPELAND DR ORLANDO, FL 32806
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07/22/04-80007-007 550.00

**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)(f), 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, which other like empowered.

SIGNATURE:  7-19-04 407 841-6471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #