

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L13392

1. Entity Name
TOM'S TRAILER AND R.V. SALES, INC.



FILED

07 OCT 15 PM 12:28

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

112 PAULS DR.
BRANDON, FL 33511 US

Mailing Address

112 PAULS DR.
BRANDON, FL 33511 US



REINSTATEMENT 07

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2881186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, LARRY
112 PAULS DR.
BRANDON, FL 33511

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME BAILEY, LARRY
STREET ADDRESS 112 PAULS DR
CITY-ST-ZIP BRANDON, FL 33511

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

200110157972
10/02/07--01010--002 **150.00

DO NOT WRITE
IN THIS SPACE

200110157972
10/18/07--01042--004 **600.00

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

Date

Daytime Phone #

9-26-07 813-601-4421