


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90037 023 \*\*\*150.00

<b>DOCUMENT # L39948</b> 1. Entity Name <b>TOM'S FORKLIFT SERVICE, INC.</b>			
Principal Place of Business <b>ATTN: MARY BOWMAN</b> <b>5817 BEGGS ROAD</b> <b>ORLANDO, FL 32810 US</b>		Mailing Address <b>ATTN: MARY BOWMAN</b> <b>5817 BEGGS ROAD</b> <b>ORLANDO, FL 32810</b>	
2. Principal Place of Business - No P.O. Box # <b>1000 Ocoee Apopka Rd</b> Suite, Apt. #, etc. <b>#450</b>		3. Mailing Address <b>1000 Ocoee Apopka Rd</b> Suite, Apt. #, etc. <b>#450</b>	
City & State <b>Apopka FL</b>		City & State <b>Apopka, FL</b>	
Zip <b>32703</b>		Zip <b>32703</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2988495</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOWMAN, TOM</b> <b>5817 BEGGS ROAD</b> <b>ORLANDO, FL 32810</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1000 Ocoee Apopka Rd #450</b> City <b>Apopka</b> <b>FL</b> Zip Code <b>32703</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME BOWMAN, TOM A JR. STREET ADDRESS 5817 BEGGS ROAD CITY-ST-ZIP ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1000 Ocoee Apopka Rd #450</b> <b>Apopka FL 32703</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BOWMAN, MARY 5817 BEGGS ROAD ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>11</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S SANFORD, TAMMY 5817 BEGGS ROAD ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>11</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T BOWMAN, FRED 5817 BEGGS ROAD ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>11</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mary Bowman</u> <b>MARY BOWMAN</b>		Date <u>2-14-07</u> Daytime Phone # _____	

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