


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90044 005 \*\*\*150.00

<b>DOCUMENT # M25522</b>	
1. Entity Name <b>TOM EBRO, INC.</b>	

Principal Place of Business <b>5525 REFLECTIONS BLVD. LUTZ FL 33558</b>	Mailing Address <b>5525 REFLECTIONS BLVD. LUTZ FL 33558</b>
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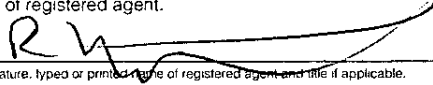
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
MOORE	CR2E034 (11/03)
4. FEI Number <b>59-2628858</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>ESCO BENJAMIN M-ES1 420 S DIXIE HWY #300 MIAMI FL 33146</b>	7. Name and Address of New Registered Agent Name <b>R. WADE WETHERINGTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2625 PARK TOWER</b> <b>400 N. TAMPA STREET</b> City <b>TAMPA</b> FL Zip Code <b>33602</b>
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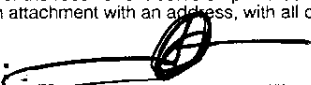
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **R. Wade Wetherington** 2/11/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBRO, THOMAS C 5525 REFLECTIONS BLVD. LUTZ FL 33558-9018 <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
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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 exemption stated in Section 119.07(3)(i), 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 C. Ebro** 1/27/04 813-792-9000  
Signature AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #