# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 19, 2005**
**Secretary of State**

DOCUMENT# M89868

**Entity Name:** TOMMY A. STONEBRAKER, CONTRACTOR, INC.

**Current Principal Place of Business:**

1500 OAKADIA DRIVE EAST
CLEARWATER, FL 34624

**New Principal Place of Business:**

17504 PATTERSON RD.
ODESSA, FL 33556

**Current Mailing Address:**

1500 OAKADIA DRIVE EAST
CLEARWATER, FL 34624

**New Mailing Address:**

17504 PATTERSON RD.
ODESSA, FL 33556

**FEI Number: 59-2900426** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STONEBRAKER, TOMMY A.
1500 OAKADIA DRIVE EAST
CLEARWATER, FL 34624 US

**Name and Address of New Registered Agent:**

STONEBRAKER, TOMMY A
17504 PATTERSON RD.
ODESSA,, FL 33556 US

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.

SIGNATURE: TOMMY A. STONEBRAKER 05/19/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: STONEBRAKER, TOMMY A, .
Address: 1500 OAKADIA DR. E.
City-St-Zip: CLEARWATER, FL 34624

Title: S ( ) Delete
Name: STONEBRAKER, JUILA,
Address: 1500 OAKADIA DR. E.
City-St-Zip: CLEARWATER, FL 34624

Title: V (X) Delete
Name: PETERS, RONALD K
Address: 13259 PERIWINKLE AVE
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: STONEBRAKER TOMMY A.,
Address: 17504 PATTERSON RD.
City-St-Zip: ODESSA, FL 33556

Title: S (X) Change ( ) Addition
Name: STONEBRAKER JULIA H, .
Address: 17504 PATTERSON RD.
City-St-Zip: ODESSA, FL 33556

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY A. STONEBRAKER P/D 05/19/2005
Electronic Signature of Signing Officer or Director Date