

2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90541 024 ***150.00

DOCUMENT # P00000038590
1. Entity Name
TOM SWEENEY, INC.

DO NOT WRITE IN THIS SPACE

50046631

2. Principal Place of Business
2155 STATE ROAD 60 W
Suite, Apt. #, etc.

3. Mailing Address
2155 STATE ROAD 60 W
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WALES FL

City & State
LAKE WALES FL

Zip
33859

Country
USA

Zip
33859

Country
USA

4. FEI Number
59-3639152

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
FUCHS, LAWRENCE M

Street Address (P.O. Box Number is Not Acceptable)
590 ROYAL PALM BEACH BLVD.

City
ROYAL PALM BEACH FL

Zip Code
33411

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWEENEY, TOM 26747 CASH CT LEECSBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D SWEENEY, TOM H 2600 LUCERNE PARK RD #502 WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D ORLANDO, JEFF P. 37 E. RIDGE DR HAINES CITY, FL 33844	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORLANDO, ROBIN L 37 E. RIDGE DR. HAINES CITY FL 33844	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM H SWEENEY Tom H. Sweeney 4/29/05 (863) 678-9400

CR2E034B (12/01)