

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038590

Entity Name: TOM SWEENEY, INC.

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

2155 STATE ROAD 60 WEST
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

2155 STATE ROAD 60 WEST
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 59-3639152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUCHS, LAWRENCE M
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SWEENEY, TOM
Address: 26747 CASH CT
City-St-Zip: LEESBURG, FL 34748

Title: PD () Delete
Name: SWEENEY, TOM H
Address: 2600 LUCERNE PARK RD # 502
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPD () Delete
Name: ORLANDO, JEFF P
Address: 37 E RIDGE DR
City-St-Zip: HAINES CITY, FL 33844

Title: SD () Delete
Name: ORLANDO, ROBIN L
Address: 37 E RIDGE DR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SWEENEY, TOM H
Address: 4081 PLUMOSA
City-St-Zip: INDIAN LAKE ESTATES, FL 33855

Title: VP (X) Change () Addition
Name: ORLANDO, JEFFREY P
Address: 2734 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33898

Title: D (X) Change () Addition
Name: SWEENEY, TOM F
Address: 17488 SE 111TH CIRCLE
City-St-Zip: SUMMERFIELD, FL 33491

Title: SD (X) Change () Addition
Name: ORLANDO, ROBIN L
Address: 2734 S SCENIC HWY
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBIN ORLANDO

SD

01/15/2007

Electronic Signature of Signing Officer or Director

_____ Date