

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020745

FILED
Apr 27, 2007
Secretary of State

Entity Name: TOM'S FURNITURE REPAIR & MORE, INC.

Current Principal Place of Business:

2 NE 21ST AVE
CAPE CORAL, FL 33909

New Principal Place of Business:

5820 PERRY RD
ELKTON, FL 32033

Current Mailing Address:

2 NE 21ST AVE
CAPE CORAL, FL 33909

New Mailing Address:

5820 PERRY RD
ELKTON, FL 32033

FEI Number: 65-1085861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISINGER, THOMAS M
2 NE 21 ST AVE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

REISINGER, THOMAS M
5820 PERRY RD
ELKTON, FL 32033 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: _____

Electronic Signature of Registered Agent

04/27/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REISINGER, THOMAS M
Address: 2 NE 21ST AVE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REISINGER, THOMAS M
Address: 5820 PERRY RD
City-St-Zip: ELKTON, FL 32033

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS M REISINGER

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date