

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000022527

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** TOM & CAROL SPECIALTIES, INC.

**Current Principal Place of Business:**

1445 WELLINGTON COURT  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100195  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 65-1083513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVY, BRIAN D ESQ.  
4052 VENTURA AVENUE  
COCONUT GROVE, FL 33133 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROTT, CAROL  
Address: 1445 WELLINGTON COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: VSTD  
Name: BROTT, THOMAS W  
Address: 1445 WELLINGTON COURT  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: THOMAS W BROTT

VST

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date