

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90345 049 \*\*\*150.00

**DOCUMENT # P01000034082**

1. Entity Name  
**TOMSTEL, INC.**



Principal Place of Business

~~16837 COLONY LAKES BLVD~~  
~~FORT MYERS, FL 33908~~

**6065 26TH ST W.**  
**BRADENTON, FL 34207**

Mailing Address

~~16837 COLONY LAKES BLVD~~  
~~FORT MYERS, FL 33908~~

**11051 SEATROPIC LN**



02212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1092009**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GRADY, THOMAS W

~~16837 COLONY LAKES BLVD~~  
~~FORT MYERS, FL 33908~~

**11051 SEATROPIC LN**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
GRADY, STELLA  
~~16837 COLONY LAKES BLVD~~ **11051 SEATROPIC LN**  
FORT MYERS, FL 33908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
GRADY, THOMAS  
~~16837 COLONY LAKES BLVD~~ **11051 SEATROPIC LN**  
FORT MYERS, FL 33908

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 12 if changed, or on an attachment with an address; with all other like empowered

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS W. GRADY**

Date

**3-29-06 941-727-0819**

Daytime Phone #