


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000038400 1. Entity Name TOMASITA CORTEZ ASSOCIATES, INC	
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 815 E MAIN ST WAUCHULA, FL 33841	Mailing Address 217 W PALMETTO STREET WAUCHULA, FL 33873
--------------------------------------------------------------------	----------------------------------------------------------------



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1096565	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASTERSON, RITA 217 W PALMETTO SR WAUCHULA, FL 33873

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: _____ <small>Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CORTEZ, TOMASITA 403 W MAIN STREET WAUCHULA, FL 33834
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CORTEZ, ISRAEL 403 W MAIN STREET BOWLING GREEN, FL 33834
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	

<p>000000272331 03/21/05-80084-025 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Tomasita Cortez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3/17/05</u> Daytime Phone #