

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000085871

1. Entity Name
TUSKAWILLA CORPORATE GENERAL TS, INC.



Principal Place of Business
**21301 POWERLINE ROAD SUITE 312
BOCA RATON, FL 33433**

Mailing Address
**PO BOX 11229 SUITE A
KNOXVILLE, TN 37939**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90143 049 ***150.00



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0575040

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLALOCK LANDERS WALTERS & VOGLER PA
802 11TH STREET WEST
BRADENTON, FL 34205**

**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, 2005 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
**P
SCHWARTZ, THOMAS
60 EAST 42ND ST
NEW YORK, NY 10165**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
SCHWARTZ, THOMAS
60 EAST 42ND ST
NEW YORK, NY 10165**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Schwartz, President

3/21/05
Date

Daytime Phone #