

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90039 025 ***158.75

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1. Entity Name

G&C TOMLIN, INC.



Principal Place of Business

5637 MARLINE PKWY
NEW PORT RICHEY FL 34652

Mailing Address

1363 TROY AVE
SPRING HILL FL 34606

2. Principal Place of Business

5637 MARLINE PKWY
Suite, Apt. #, etc.

3. Mailing Address

5637 MARLINE PKWY
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

4. FEI Number

90-0032485

Applied For

Not Applicable

Zip

34652

Country

FL

Zip

34652

Country

FL

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, GEORGE
1363 TROY AVENUE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

TOMLINSON, GEORGE

Street Address (P.O. Box Number is Not Acceptable)

4094 SEA DRAGON BLVD

City

SPRING HILL FL

FL

Zip Code

34609

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TOMLINSON, GEORGE
STREET ADDRESS 1363 TROY AVENUE
CITY-ST-ZIP SPRING HILL FL 34606

TITLE V ☐ Delete
NAME TOMLINSON, CHRISTOPHER
STREET ADDRESS 5930 SIESTA LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME TOMLINSON, GEORGE
STREET ADDRESS 4094 SEA DRAGON BLVD
CITY-ST-ZIP SPRING HILL FL 34609

TITLE V ☒ Change ☐ Addition
NAME TOMLINSON, CHRISTOPHER
STREET ADDRESS 5930 SIESTA LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Christopher Tomlinson

3/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #