

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90047 005 ***150.00

40034246



02122005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|--|---|---|--|--------------------------------------|
| DOCUMENT # P02000008135 1. Entity Name THOM NEWCOMB INC. | | | | | |
| Principal Place of Business 1101 GULF BREEZE PARKWAY SUITE 14 GULF BREEZE, FL 32561 | | | Mailing Address BASS AND SANDFORT ACCOUNTANTS 1301 WEST GARDEN STREET PENSACOLA, FL 32501 | | |
| 2. Principal Place of Business 4570 Isabella Ingram Dr. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 22-3851047 | |
| City & State Pensacola, FL 32504 | | City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32504 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BASS AND SANDFORT ACCOUNTANTS, INC. 1301 WEST GARDEN STREET PENSACOLA, FL 32501 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: Thom W. Newcomb DATE: 3-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD NEWCOMB, THOM 1101 GULF BREEZE PARKWAY GULF BREEZE, FL 32561 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: Thom W. Newcomb <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 3-14-05 | | Daytime Phone #: 850-438-9118 |