

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90028 029 ***150.00

DOCUMENT # P03000000032

1. Entity Name
TOMES BUILDERS, INC.



Principal Place of Business
140 S.E. 23RD STREET
CAPE CORAL, FL

Mailing Address
140 S.E. 23RD STREET
CAPE CORAL, FL

94059627



2. Principal Place of Business
4818 SW 1ST CT

3. Mailing Address
4818 SW 1ST CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082004

Chg-P

CR2E034 (10/03)

City & State
CAPE CORAL

City & State
CAPE CORAL

4. FEI Number
14-1863988

Applied For
Not Applicable

Zip
33914

Country
US

Zip
33914

Country
US

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

6. Name and Address of Current Registered Agent

TOMES, STEVE
140 S.E. 23RD STREET
CAPE CORAL, FL

7. Name and Address of New Registered Agent

Name
SAME - ADDRESS CHANGE ONLY
Street Address (P.O. Box Number is Not Acceptable)
4818 SW 1ST CT
City
CAPE CORAL **FL** Zip Code
33914

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
TOMES, STEVE
140 S.E. 23RD STREET
CAPE CORAL, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
TOMES, STEVE
4818 SW 1ST CT
CAPE CORAL FL 33914 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Steve Tomes, Pres. / Steve Tomes, Pres. 104/19/04 239-910-3801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #