## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2005 8:00 am Secretary of State DOCUMENT # P03000032368 04-21-2005 90242 039 \*\*\*150.00 TOM-A-HAWK LAND DEVELOPMENT, CORP Principal Place of Business Mailing Address 20004190 40 ISLAND ESTATE PARK WAY **40 ISLAND ESTATE PARK WAY** PALM COAST, FL 32137 PALM COAST, FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0953599 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOGUIDICE, JOE Street Address (P.O. Box Number is Not Acceptable) 555 W. GRANADA BLVD., STE. B-5 ORMOND BEACH, FL 32174 City 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. OKEEFE KOM AS SIGNATURE and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change Addition NAME O'KEEFE, THOMAS NAME STREET ADDRESS 40 ISLAND ESTATE PARK WAY STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MCMILLAN, ROBERT E W III NAME NAME STREET ADDRESS 40 ISLAND ESTATE PARK WAY STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMAS OKEEFE

**FILED**