

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056143

Entity Name: TOMART SERVICES CORPORATION

FILED  
Apr 27, 2005  
Secretary of State

**Current Principal Place of Business:**

2354 NW 87 DR  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2354 NW 87 DR  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 43-2015278      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BCH, FL 33064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GEPP, OLIVER H  
Address: 2354 NW 87 DR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DV ( ) Delete  
Name: ZABALA, ANA MARIA  
Address: 2354 NW 87 DR  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DS ( ) Delete  
Name: ZABALA, CECILIA GEPP  
Address: 2354 NW 87 DR  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVER GEPP

DP

04/27/2005

Electronic Signature of Signing Officer or Director

Date