

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 044 ***158.75

DOCUMENT # P03000062736

1. Entity Name

TOM SAWYER INDUSTRIES, INC.



Principal Place of Business

**14019 BEACH BLVD #923
JACKSONVILLE FL 32250**

Mailing Address

**P.O. BOX 54513
JACKSONVILLE FL 32245-4513**

2. Principal Place of Business

13729 CRASHAW ROAD

3. Mailing Address

PO BOX 330768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLORIDA

City & State

ATLANTIC BEACH, FLORIDA

Zip

32224

Country

Zip

32233

Country

4. FEI Number

81-0617895

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEILL, KAREN B
1009 21 ST N
JACKSONVILLE BEACH FL 32250**

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

[Signature]

NO Change to registered agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SAWYER, THOMAS R**
STREET ADDRESS **14019 BEACH BLVD #923**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **DP** ☒ Change ☐ Addition
NAME **SAWYER, THOMAS R**
STREET ADDRESS **13729 CRASHAW ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **DVST** ☐ Delete
NAME **SAWYER, SHERI L**
STREET ADDRESS **14019 BEACH BLVD #923**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **DVST** ☒ Change ☐ Addition
NAME **SAWYER, SHERI L**
STREET ADDRESS **13729 CRASHAW ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20014357



1st MOORE

CR2E034 (10/04)