

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90196 025 ***150.00

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DOCUMENT # P03000063678

1. Entity Name
THOMAS A. ELKINS, INC.



Principal Place of Business Mailing Address
~~13300 WALSHINGHAM RD., APT. 86~~ ~~13300 WALSHINGHAM RD., APT. 86~~
~~LARGO, FL 33774~~ ~~LARGO, FL 33774~~

2. Principal Place of Business 3. Mailing Address
12982 93rd Ave N. Same as #2
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Seminole FL. ↓
Zip Country Zip Country
33776

04242004 Chg-P CR2E034 (10/03)

4. FEI Number 55-0837481 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
ELKINS, THOMAS A
~~13300 WALSHINGHAM RD., APT. 86~~
~~LARGO, FL 33774~~
Name
Street Address (P.O. Box Number is Not Acceptable)
12982 93rd Ave N.
City Seminole FL Zip Code 33776

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 *Thomas A. Elkins* 4-29-04
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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELKINS, THOMAS A		NAME	12982 93rd Ave N.	
STREET ADDRESS	13300 WALSHINGHAM RD., APT. 86		STREET ADDRESS	Seminole FL 33776	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELKINS, TAMMY		NAME		
STREET ADDRESS	13300 WALSHINGHAM RD., APT. 86		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			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: *Thomas A. Elkins* 4-29-04 727-398-1981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #