


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000079519</b> 1. Entity Name TBARM, INC.	
---	---

Principal Place of Business 3903 71ST ST. E PALMETTO, FL 34221	Mailing Address 3903 71ST STREET E PALMETTO, FL 34221
--	---

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1199855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

8. Name and Address of Current Registered Agent  SCHOBL, BARBARA M 3903 71ST STREET E PALMETTO, FL 34221	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	UN0000225116 02/11/05-R0028-009 150.00
---	--	---

<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SCHOBL, BARBARA M 3903 71ST ST. E. PALMETTO, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPD TROSINO, ALAN M 3903 71ST ST. E. PALMETTO, FL 34221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:** Barbara M. Schobl Barbara M. Schobl 2-8-05 941-729-0875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #