

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90042 008 ***150.00

DOCUMENT # P03000090382

1. Entity Name

THOMAS TRACTOR AND MOWING SERVICES, INC.



Principal Place of Business

POST OFFICE BOX 494911
PORT CHARLOTTE FL 33949

Mailing Address

POST OFFICE BOX 494911
PORT CHARLOTTE FL 33949

2. Principal Place of Business

3714 EASY STREET

Suite, Apt. #, etc.

3. Mailing Address

3714 EASY STREET

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

4. FEI Number
57-1181369

Applied For
Not Applicable

Zip
33952

Country
Charlotte

Zip
33952

Country
Charlotte

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

THOMAS, JEFF
3714 EASY STREET
PORT CHARLOTTE FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

3714 EASY STREET

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE PS ☐ Delete
NAME THOMAS JEFF,
STREET ADDRESS 3714 EASY STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VT ☒ Delete
NAME CAMMICK, STEPHEN
STREET ADDRESS POST OFFICE BOX 494911
CITY-ST-ZIP PORT CHARLOTTE FL 33949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 my address, with all other like empowered.

SIGNATURE

[Signature]
Signature and typed or printed name of signing officer or director

2/29/04
Date

941629 3555
Daytime Phone