


2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-17-2004 90014 011 ***150.00
P03000112928

FILED

04 JUL -6 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000112928			
1. Entity Name TOM SALMON INC.			
Principal Place of Business 7303 WILSON RD W PALM BEACH, FL 33413		Mailing Address 7303 WILSON RD W PALM BEACH, FL 33413	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEL Number 55-2216959		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALMON, THOMAS 7303 WILSON RD W PALM BEACH, FL 33413		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALMON, TOM 7303 WILSON RD W PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Thomas J. Salmon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/12/4</u> Daytime Phone # <u>722.7235</u>	

TOM SALMON INC.
7303 WILSON ROAD
WEST PALM BEACH, FL 33413-2240
561-686-4774

JULY 8, 2004

DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE, FL 32314-6198

RE: CORP. RETURN
P03000112928

DEAR TYRONE SCOTT,

PLEASE BE ADVISED THAT WE RECEIVED A NOTICE ABOUT OUR CORP. REPORT NOT BEING CORRECT. WE FILED THE REPORT ON MARCH 12, 2004. WE RECEIVED A LETTER DATED MARCH 22, 2004. AT THIS TIME I CALLED IN OUR FEDERAL ID NUMBER, AT THIS POINT I THOUGHT EVERYTHING WAS OKAY, UNTIL I RECEIVED YOUR NOTICE STATING THAT WE HAD SIXTY DAYS TO COMPLY. I CALLED YOU TODAY AND ADVISED THAT WE FILED ON TIME AND WOULD LIKE FOR YOU TO WAVE ANY LATE FEES. WHILE TALKING TO YOU, I WAS INFORMED THAT THE TAX ID NUMBER HAD NOT BEEN RECORDED. OUR NUMBER IS 35-2216959. IF YOU REQUIRE ANY ADDITIONAL INFORMATION PLEASE CALL ME AT 850 584-9324 AND I WILL BE GLAD TO ASSIST YOU.

**SINCERELY,
TOM SALMON INC.**

Charlotte M. Lanier
**CHARLOTTE M. LANIER,
ACCOUNTANT**

CML