

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000128885

1. Entity Name
TOM ALLISON, INC.



Principal Place of Business
150 KENT DRIVE
ORMOND BEACH, FL 32176 US

Mailing Address
150 KENT DRIVE
ORMOND BEACH, FL 32176 US



02112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0390389

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELCH, MATTHEW S
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALLISON, THOMAS J
STREET ADDRESS 150 KENT DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE S
NAME ALLISON, MARGARET
STREET ADDRESS 150 KENT DR.
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000638353
02/27/07-80026-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/07 386-405-7979