

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000142152

1. Entity Name
TOM CAT MASTER CARPENTRY, INC.



Principal Place of Business
13 SEOANE PLACE
PALM COAST, FL 32164 US

Mailing Address
P.O. BOX 1907
FLAGLER BEACH, FL 32136 US

DO NOT WRITE IN THIS SPACE



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0480519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARMODY, LONNA
13 SEOANE PLACE
PALM COAST, FL 32164

**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, 2005 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 CARMODY, THOMAS P
STREET ADDRESS 13 SEOANE PLACE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE VP
NAME CARMODY, THOMAS P
STREET ADDRESS 13 SEOANE PLACE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE SEC
NAME CARMODY, LONNA
STREET ADDRESS 13 SEOANE PLACE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE TRES
NAME CARMODY, THOMAS P
STREET ADDRESS 13 SEOANE PLACE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000229925
02/15/05-80021-009 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lonna Carmody, Lonna Carmody 2/11/2005 386-457-1515