12/27/2004 01:15 9547339220 HOFFMEIER ACCOUNTING PAGE 02

Remailed 3-2004

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/9/2004-90027-030-$150.00-$150.00

FILED

04 DEC 30 PM 12:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

90-0130803

MOORE CR2E034 (11/03)

DOCUMENT # P03000151851

1. Entity Name

TOM'S HOME AND COMMERCIAL MAINTENANCE, INC.

Principal Place of Business	Mailing Address
P O BOX 5074 POMPANO BEACH FL 33074	P O BOX 5074 POMPANO BEACH FL 33074

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 90-0130803 ☐ Applied For ☐ Not Applicable

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
GIBBS, TOM % LISA DARBRO 5101 NW 21ST AVE, # 200 FT LAUDERDALE FL 33309	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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, TOM P O BOX 5074 POMPANO BEACH FL 33074 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 03/09/04 90027 030-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition $150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 12/30/04

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: X [signature] 3/4/04 954942-0957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Feb 2

Hoffmeier Accounting & Tax Service, Inc.
5101 N.W. 21st Avenue, Suite 200, Fort Lauderdale, Florida 33309
Phone (954) 735-8770 • Fax (954) 733-9220

December 29, 2004

Ref: Tom's Home and Commercial Maintenance, Inc.

Michelle, I received your letter dated March 11, 2004 requesting a FEI # for this corporation. I responded by March 20,2004. I would greatly appreciate if you could waive all penalties and reinstate this corporation.

If you have any questions regarding this matter please call.

Thank you,

Lisa Hoffmeier

Lisa Hoffmeier