2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027506

Entity Name: TOM PARTINGTON, INC.

FILED Mar 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

601 SEAWAY DR #E-23 47 TANGERINE AVE. FORT PIERCE, FL 34949 FORT PIERCE, FL 34982

Current Mailing Address: New Mailing Address:

601 SEAWAY DR #E-23 47 TANGERINE AVE. FORT PIERCE, FL 34949 FORT PIERCE, FL 34982

FEI Number: 73-1696144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARTINGTON, THOMAS
601 SEAWAY DR #E-23
FORT PIERCE, FL 34949
US
PARTINGTON, THOMAS
47 TANGERINE AVE.
FORT PIERCE, FL 34982
US

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.

SIGNATURE: 03/03/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PARTINGTON, THOMAS S PARTINGTON, THOMAS S Name: Name: 601 SEAWAY DR #E-23 47 TANGERINE AVE. Address: Address: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip:

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 PARTINGTON, GUY T
 Name:
 PARTINGTON, GUY T

 Address:
 601 SEAWAY DR #E-23
 Address:
 2707 PLACID AVE.

 City-St-Zip:
 FORT PIERCE, FL 34949
 City-St-Zip:
 FORT PIERCE, FL 34982

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PARTINGTON, ALAN R
 Name:
 PARTINGTON, ALAN R

 Address:
 1411 5TH AVE
 Address:
 2050 OLEANDER BLVD.

 City-St-Zip:
 VERO BEACH, FL 32960
 City-St-Zip:
 FT. PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S PARTINGTON PTD 03/03/2005