

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90320 011 \*\*\*150.00

66020049



<b>DOCUMENT # P04000027704</b> 1. Entity Name <b>THOMAS SIRMAN, INC.</b>					
Principal Place of Business <b>4710 NW 113 AVE SUNRISE, FL 33323</b>			Mailing Address <b>4710 NW 113 AVE SUNRISE, FL 33323</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SIRMAN, THOMAS E 4710 NW 113 AVE SUNRISE, FL 33323</b>			Name Street Address (P.O. Box Number is not Acceptable) <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 50px; margin: 10px auto; text-align: center; line-height: 50px;">           SAME         </div> City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIRMAN, THOMAS E		NAME	/	
STREET ADDRESS	4710 NW 113 AVE		STREET ADDRESS	/	
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP	/	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	/		NAME	/	
STREET ADDRESS	/		STREET ADDRESS	/	
CITY - ST - ZIP	/		CITY - ST - ZIP	/	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	/		NAME	/	
STREET ADDRESS	/		STREET ADDRESS	/	
CITY - ST - ZIP	/		CITY - ST - ZIP	/	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	/		NAME	/	
STREET ADDRESS	/		STREET ADDRESS	/	
CITY - ST - ZIP	/		CITY - ST - ZIP	/	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	/		NAME	/	
STREET ADDRESS	/		STREET ADDRESS	/	
CITY - ST - ZIP	/		CITY - ST - ZIP	/	
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 E Sirman</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		