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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 JUN 14 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000062342

1. Entity Name
TOM WILSON EPOXY INC

Principal Place of Business	Mailing Address
9811 SIR FREDERICK STREET TAMPA,, FL 33637	3820 NORTHDALE BLVD 205D TAMPA, FL 33624

REINSTATEMENT 05-06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc. 2045 Gunn Hwy
City & State	City & State Odessa Fl.
Zip / Country	Zip 33655 / Country Pasco

4. FEI Number 59-3636133 ☐ 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
Pam Davidson 5055 Spike horn Dr. New Port Richey Fl. 34653	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: Pam Davidson (Signature, typed or printed name of registered agent and title if applicable) 6-13-06 DATE

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILSON, TOM 9811 SIR FREDERICK STREET TAMPA, FL 33637 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Thomas E Wilson (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4-19-06 Date 813-417-2187 Daytime Phone #

B. Mitchell JUN 15 2006