

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149631

Entity Name: PHILANDSTUANDTOM, INC.

FILED  
Jan 14, 2006  
Secretary of State

**Current Principal Place of Business:**

1938 MAPLE LEAF DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

1938 MAPLE LEAF DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 74-3132859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POWELL, THOMAS E  
1938 MAPLE LEAF DRIVE  
WINDERMERE, FL 34786 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRIN ( ) Delete  
Name: POWELL, THOMAS E  
Address: 1938 MAPLE LEAF DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: PRIN ( ) Delete  
Name: KINNIBURGH, STUART  
Address: 1019 SPRING MILL DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: PRIN ( ) Delete  
Name: PETERSEN, PHILIP  
Address: 205 HARBOR DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 E. POWELL

PRIN

01/14/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date