

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90015 019 ***150.00

DOCUMENT # P04000159984

1. Entity Name
TOMI HOLDINGS, INC.



Principal Place of Business
**7640 LOCKWOOD RIDGE RD.
SARASOTA, FL 34243**

Mailing Address
**7640 LOCKWOOD RIDGE RD.
SARASOTA, FL 34243**

40000000



DO NOT WRITE IN THIS SPACE

03212008 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1710923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUICK, THOMAS
4020 VANA DRIVE
SARASOTA, FL 34241**

*NEW Address
→ 7598 Plantation Cir
Bradenton FL 34201*

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<i>New Address</i>
NAME	BUICK, THOMAS	
STREET ADDRESS	4020 VANA DRIVE	<i>7598 Plantation Cir</i>
CITY - ST - ZIP	SARASOTA, FL 34241	<i>Bradenton, FL 34201</i>
TITLE	VP/D	<i>New Address</i>
NAME	BUICK, MIKA	
STREET ADDRESS	4020 VANA DRIVE	<i>7598 Plantation Cir</i>
CITY - ST - ZIP	SARASOTA, FL 34241	<i>Bradenton, FL 34201</i>
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #