

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90017 001 ***158.75

DOCUMENT # P05000051513

1. Entity Name
TOMMYZ PLUMB CRAZY INC



Principal Place of Business
**18A ATLANTIC OAKS CIR.
ST AUGUSTINE, FL 32080**

Mailing Address
**18A ATLANTIC OAKS CIR.
ST AUGUSTINE, FL 32080**

50003554



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

16-1722563

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SMALLBIZ AGENTS LLC
4244 W. TENNESSEE ST. #185
TALLAHASSEE, FL 32304**

Name **Thomas M Cooper**
Street Address (P.O. Box Number is Not Acceptable) **18A Atlantic Oaks Circle**
City **St. Augustine** FL **32080**

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, 2006 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
COOPER, THOMAS M
18A ATLANTIC OAKS CIR.
ST AUGUSTINE, FL ~~32084~~ 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
COOPER, CLAYTON T
18A ATLANTIC OAKS CIR.
ST AUGUSTINE, FL ~~32084~~ 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHAW, VICTORIA M
18A ATLANTIC OAKS CIR.
ST AUGUSTINE, FL ~~32084~~ 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COOPER, THOMAS M
18A ATLANTIC OAKS CIR.
ST AUGUSTINE, FL ~~32304~~ 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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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: **Thomas M Cooper**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31 2006 (904) 461 8351
Date Daytime Phone #