


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90259 049 ***150.00

DOCUMENT # P05000100930			
1. Entity Name TSOUMAR, INC.			
Principal Place of Business 5228 BEACH BOULEVARD JACKSONVILLE, FL 32207		Mailing Address 5228 BEACH BOULEVARD JACKSONVILLE, FL 32207	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00001200



01112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3224514 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent JOHNSON, KEITH H 8810 GOODBY'S EXECUTIVE DRIVE, SUITE A JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name <u>MARY STubblefield</u> Street Address (P.O. Box Number is Not Acceptable) <u>1336 CATALINA ROAD EAST</u> City <u>Jacksonville</u> FL Zip Code <u>32216</u>	
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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: Mary Stubblefield MARY STUBBLEFIELD, President/General Manager
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1-11-06

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	PSTD STUBBLEFIELD, MARY T 1336 CATALINA ROAD EAST JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mary Stubblefield 1-11-06 904-398-6854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #