



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90191 038 \*\*\*150.00

<b>DOCUMENT # P05000100930</b> 1. Entity Name <b>TSOUMAR, INC.</b>																																																																																																																																																																																			
Principal Place of Business <b>5228 BEACH BOULEVARD JACKSONVILLE, FL 32207</b>			Mailing Address <b>5228 BEACH BOULEVARD JACKSONVILLE, FL 32207</b>																																																																																																																																																																																
2. Principal Place of Business - No P.O. Box # <b>1954 PARENTAL HOME ROAD</b>		3. Mailing Address <b>1954 PARENTAL HOME RD</b>		<div style="font-size: 24px; font-weight: bold;">40002551</div> 																																																																																																																																																																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01052007    Chg-P    CR2E034 (12/06)																																																																																																																																																																															
City & State <b>Jacksonville FLORIDA</b>		City & State <b>Jacksonville FLORIDA</b>		4. FEI Number <b>20-3224514</b>																																																																																																																																																																															
Zip <b>32216</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																															
6. Name and Address of Current Registered Agent  <b>STUBBLEFIELD, MARY 1336 CATALINA RD W JACKSONVILLE, FL 32216</b>		7. Name and Address of New Registered Agent Name <b>MARY STUBBLEFIELD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1954 PARENTAL HOME ROAD</b> City <b>JACKSONVILLE</b> FL    Zip Code <b>32216</b>																																																																																																																																																																																	
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 <i>Mary Stubblefield</i> DATE <b>1-8-07</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>																																																																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PSTD</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PSTD</td> <td style="width: 20%; padding: 2px;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STUBBLEFIELD, MARY T</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STUBBLEFIELD MARY T</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1336 CATALINA ROAD EAST</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1954 PARENTAL HOME ROAD</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">JACKSONVILLE, FL 32216</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">JACKSONVILLE FL 32216</td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STUBBLEFIELD, MARY T		NAME	STUBBLEFIELD MARY T		STREET ADDRESS	1336 CATALINA ROAD EAST		STREET ADDRESS	1954 PARENTAL HOME ROAD		CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	JACKSONVILLE FL 32216								TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP									TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition							NAME			NAME									STREET ADDRESS			STREET ADDRESS									CITY-ST-ZIP			CITY-ST-ZIP		
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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: <i>Mary Stubblefield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-8-07    904-398-6854 <small>Date    Daytime Phone #</small>																																																																																																																																																																															