


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000133085</b> 1. Entity Name TECTONICS, INC.	
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Principal Place of Business 6425 28TH AVE. E. BRADENTON, FL 34208	Mailing Address 6425 28TH AVE. E. BRADENTON, FL 34208
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01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3564013	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WILCOX, DAVID W 308 13TH ST. W. BRADENTON, FL 34205
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	11000000836527 03/04/08-80021-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D TOOMEY, LORIANN M 6425 28TH AVE. E. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC TOOMEY, JAMES K 6425 28TH AVE. E. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D TOOMEY, MICHAEL O 6425 28TH AVE. E. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D TOOMEY, HEIDI M 6425 28TH AVE. E. BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, DAVID W 308 13TH ST. W. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u>James K. Toomey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/28/08</u> Daytime Phone #: <u>941-748-4646</u>