

4/23/2008 20:46

Diversified Financial Service

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90067 001 ***150.00
05-15-2008 90067 002 *****8.75

DOCUMENT # P05000135864

1. Entity Name
TOM EASTMAN ENTERPRISES, INC.



Principal Place of Business

201 DYER ROAD
PORT ST. LUCIE, FL 34952

Mailing Address

201 DYER ROAD
PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3616192

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

EASTMAN, SALLY
201 DYER ROAD
PORT ST. LUCIE, FL 34952

**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 SALLY EASTMAN

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

(NOTE: Registered Agent signature required when reappointing)

4-23-08
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 NAME STREET ADDRESS CITY-ST-ZIP	P/D EASTMAN, SALLY 201 DYER ROAD PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EASTMAN, TOM G 201 DYER ROAD PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SALLY EASTMAN 201 DYER RD. PORT ST LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. TOM G EASTMAN 201 DYER RD PORT ST LUCIE, FL 34952
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: Sally Eastman