



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P06000057856	
1. Entity Name INTERIOR TRIM CARPENTRY BY TOL BASS, INC.	

Principal Place of Business 5750 STATE ROAD 70 EAST OKEECHOBEE, FL 34972	Mailing Address 5750 STATE ROAD 70 EAST OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE

	
02072008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 72-1615820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BASS, TOL 5750 STATE ROAD 70 EAST OKEECHOBEE, FL 34972

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000852496 03/26/08-80027-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASS, TOL 5750 STATE ROAD 70 EAST OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BASS, TONYA 472 VADY AVE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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Hello, My Secretary who is also my Daughter, her address is not correct on this Document. Her actual address is: 472 S.W. BAOY AVE. Port St. Lucie, FLA 34952

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>Tol Bass</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
3-8-08 (863) 763-1418 <small>Date Daytime Phone #</small>