

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90014 019 ***150.00

DOCUMENT # P06000113410 1. Entity Name TOM CURL PROPERTY MANAGEMENT INC.					
Principal Place of Business 5785 36TH PLACE VERO BEACH, FL 32966 US			Mailing Address 5785 36TH PLACE VERO BEACH, FL 32966 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-5472033	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Added For Not Applicable	
6. Name and Address of Current Registered Agent CURL, TOM 5785 36TH PLACE VERO BEACH, FL 32966				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when transferring.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DVP CURL, SANDY 5785 36TH PLACE VERO BEACH, FL 32966	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURL, TOM 5785 36TH PLACE VERO BEACH, FL 32966	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
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: _____ 4/15/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					