



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P07000003446</b> 1. Entity Name <b>TOTAL C &amp; M COMPANY</b>																																												
Principal Place of Business <b>10931 N. FLORIDA AVE. TAMPA, FL 33618</b>			Mailing Address <b>P. O. BOX 270514 TAMPA, FL 33688-0514</b>																																									
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country																																										
4. FEI Number                      Chg-P                      CR2E034 (12/06)				Applied For <input type="checkbox"/> Not Applicable																																								
5. Certificate of Status Desired <b>A</b> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>TOMASKO, JAMIE 8711 HICKORYWOOD LANE TAMPA, FL 33615</b>																																								
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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) DATE</small>																																								
<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		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D TOMASKO, JAMIE 10931 N. FLORIDA AVE. TAMPA, FL 33618</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table>		TITLE	D TOMASKO, JAMIE 10931 N. FLORIDA AVE. TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE	D TOMASKO, JAMIE 10931 N. FLORIDA AVE. TAMPA, FL 33618	<input type="checkbox"/> Delete																																										
TITLE		<input type="checkbox"/> Delete																																										
NAME		<input type="checkbox"/> Delete																																										
STREET ADDRESS		<input type="checkbox"/> Delete																																										
CITY-ST-ZIP		<input type="checkbox"/> Delete																																										
TITLE		<input type="checkbox"/> Delete																																										
NAME		<input type="checkbox"/> Delete																																										
STREET ADDRESS		<input type="checkbox"/> Delete																																										
CITY-ST-ZIP		<input type="checkbox"/> Delete																																										
TITLE		<input type="checkbox"/> Delete																																										
NAME		<input type="checkbox"/> Delete																																										
STREET ADDRESS		<input type="checkbox"/> Delete																																										
CITY-ST-ZIP		<input type="checkbox"/> Delete																																										
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">U000000801455 02/01/08-80019-003 158.75</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> </table>		TITLE	U000000801455 02/01/08-80019-003 158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.			
TITLE	U000000801455 02/01/08-80019-003 158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>1/14/08</b> Daytime Phone #: <b>813-961-8715</b>																																								