


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90186 033 ***150.00

DOCUMENT # P07000132677

1. Entity Name
 TMB COMPANIES OF FLORIDA, INC.



Principal Place of Business
 5507 BRUSHY FORK ROAD
 BATAVIA, OH 45103 US

Mailing Address
 5507 BRUSHY FORK ROAD
 BATAVIA, OH 45103 US

40050600



2. Principal Place of Business - No P.O. Box # *119 HOLLYWOOD BLVD NW*

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 3

Suite, Apt. #, etc.
SAME

02262008 Chg-P CR2E034 (12/06)

City & State
FORT WALTON BEACH

City & State

Zip
32548

Country
OKALOOSA

Zip

Country

4. FEI Number
261625506

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD.
 SUITE 101
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
THOMAS BLAHO

Street Address (P.O. Box Number is Not Acceptable)
119 HOLLYWOOD BLVD NW

SUITE 3

City
FORT WALTON BEACH FL Zip Code
32548

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: *Thomas Blaho* THOMAS BLAHO PRESIDENT DATE: *2/27/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	BLAHO, THOMAS	
STREET ADDRESS	5507 BRUSHY FORK ROAD	
CITY-ST-ZIP	BATAVIA, OH 45103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Thomas Blaho* THOMAS BLAHO PRESIDENT DATE: *2/27/08* 850 244 9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #