2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 02, 2004 8:00 am Secretary of State

1. Entity Nam TOM ASS	PSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS			02-11-2004 9000	2 023 ***150	0.00
Principal Plac	e of Business	Mailing Address			0.1.7.11	
	EAN BLVD	3594 S. OCEAN BLVD.		6640	AINO	•
#503 #503 HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 3: US		3487				
2. Principal P	lace of Business	3. Mailing Address	ommunity !			
Suite, Apt.		Suite, Apt. #, etc.	,	MOORE CR2E	034 (11/03)	
City & State	iter, FL	City & State Sup i + Co	- FL	4. FEI Number 65-0400819		plied For t Applicable
3345	S Country USA	33158	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registe	red Agent	
	<u>::</u>		Name	and the same of th		
RUNGE, DEBORAH A 3594 SOUTH OCEAN BLVD. SUITE 503				s (P.O. Box Number is Not Acceptable)		
	HLAND BEACH FL 33487					1
!	•		City		FL Zip Code	•
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florida.	am familiar with.	and accept
SIGNATURE Signature. Typed the printed name of regristered agont and tale if applicable. (NOTE: Registed Agent signature required when remisturing)						
347.54.07	ar - To Felic State on salar or the States of Second Security is	3M 3/43				
FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing	\$5.0	O May Be
I MUXE CHEC	k Payable to Florida Department of	State		Trust Fund Contribution.		to Fees
10.	k Payable to Florida Department of OFFICERS AND C	Cu of Asians	11.		Added	to Fees
10.	OFFICERS AND D	Cu of Asians	TITLE	Trust Fund Contribution.	Added	to Fees
10.	OFFICERS AND D PD RUNGE, DEBORAH A	DIRECTORS	TITLE NAME	Trust Fund Contribution.	AND DIRECTORS	to Fees
10.	OFFICERS AND D	DIRECTORS	TITLE	Trust Fund Contribution.	AND DIRECTORS	to Fees
10. TITLE NAME STREET ADDRESS	OFFICERS AND D PD RUNGE, DEBORAH A 3594 S OCEAN BLVD #503	DIRECTORS	TITLE NAME STREET ADDRESS	Trust Fund Contribution.	AND DIRECTORS	to Fees
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D PD RUNGE, DEBORAH A 3594 S OCEAN BLVD #503	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Trust Fund Contribution.	AND DIRECTORS	to Fees SIN 11 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PD RUNGE, DEBORAH A 3594 S OCEAN BLVD #503	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Trust Fund Contribution.	AND DIRECTORS	to Fees SIN 11 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D PD RUNGE, DEBORAH A 3594 S OCEAN BLVD #503	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.	AND DIRECTORS	to Fees SIN 11 Addition
10. TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND D PD RUNGE, DEBORAH A 3594 S OCEAN BLVD #503	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution.	AND DIRECTORS Change	S IN 11 Addition Addition
10. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PD RUNGE, DEBORAH A 3594 S OCEAN BLVD #503	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.	AND DIRECTORS Change	S IN 11 Addition Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 adoless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Stat (03) (1).