

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000009529

FILED
Mar 15, 2004
Secretary of State

Entity Name: ROBERT AND SHERYL TOMMASINI, INC.

Current Principal Place of Business:

3834 BRITTON PLAZA
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

3834 BRITTON PLAZA
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-3220841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMMASINI, SHERYL
3834 BRITTON PLAZA
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOMMASINI, SHERYL
Address: 205 TREASURE DR
City-St-Zip: TAMPA, FL

Title: ST () Delete
Name: TOMMASINI, ROBERT
Address: 205 TREASURE DR
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOMMASINI, SHERYL
Address: 205 TREASURE DR
City-St-Zip: TAMPA, FL 33609

Title: ST (X) Change () Addition
Name: TOMMASINI, ROBERT
Address: 205 TREASURE DR
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT TOMMASINI

ST

03/15/2004

Electronic Signature of Signing Officer or Director

Date