


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90685 026 ***150.00

DOCUMENT # P94000078412 1. Entity Name TOMBARRY, INC.			
Principal Place of Business 1152 SO. PATRICK DRIVE SATELLITE BEACH FL 32937		Mailing Address 1152 SO. PATRICK DRIVE SATELLITE BEACH FL 32937	
2. Principal Place of Business 1152 S. Patrick Dr.		3. Mailing Address 1152 So. Patrick Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sat. Bch, FL		City & State Sat. Bch, FL	
Zip 32937		Zip 32937	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-3272307		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDLAND, BARRY 1152 SO. PATRICK DRIVE SATELLITE BEACH FL 32937		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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)</small>			
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME POSTAL-SANDLAND, ROBIN	TITLE Director	NAME Barry Sandland
STREET ADDRESS 1152 SO. PATRICK DRIVE	CITY-ST-ZIP SATELLITE BEACH FL 32937	STREET ADDRESS 1152 So. Patrick Dr	CITY-ST-ZIP Sat. Bch, FL 32937
TITLE VP	NAME CHAPMAN, TOM	TITLE 	NAME
STREET ADDRESS 612 W 47 ST	CITY-ST-ZIP KANSAS CITY MD 64112	STREET ADDRESS 	CITY-ST-ZIP
TITLE Secretary	NAME Robin Postal-Sandland	TITLE 	NAME
STREET ADDRESS 1152 So. Patrick Dr.	CITY-ST-ZIP Sat. Bch, FL 32937	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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 address with all other like empowered.			
SIGNATURE: X		4-5-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	



MOORE CR2E034 (11/03)

FL

Zip Code

\$5.00 May Be Added to Fees

☐ Change ☐ Addition

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