

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001529

Entity Name: TOMMY, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

14713 HERON GLEN DRIVE
LITHIA, FL 33547

New Principal Place of Business:

13456 BOYETTE RD
RIVERVIEW, FL 33569

Current Mailing Address:

14713 HERON GLEN DRIVE
LITHIA, FL 33547

New Mailing Address:

13456 BOYETTE RD
RIVERVIEW, FL 33569

FEI Number: 65-0631736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIMES, TOMMY D
14713 HERON GLEN DRIVE
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

KIMES, TOMMY D
13456 BOYETTE RD
RIVERVIEW, FL 33569 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIMES, TOMMY D
Address: 14713 HERONGLEN DR
City-St-Zip: LITHIA, FL 33547

Title: VP () Delete
Name: KIMES, BONITA L
Address: 14713 HERONGLEN DR
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIMES, TOMMY D
Address: 13456 BOYETTE RD
City-St-Zip: RIVEVIEW, FL 33569

Title: VP (X) Change () Addition
Name: KIMES, BONITA L
Address: 13456 BOYETTE RD
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOMMY D. KIMES

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date