

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000017124**

1. Entity Name  
T-BIRD INDUSTRIES, INC.



Principal Place of Business  
T-BIRD IND. INC.  
740 TAMiami TRAIL  
PORT CHARLOTTE, FL 33948

Mailing Address  
740 TAMiami TRAIL  
PORT CHARLOTTE, FL 33948

**DO NOT WRITE IN THIS SPACE**



04302005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0644812

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BOBER, THOMAS A  
916 SIDNEY TERR  
PORT CHARLOTTE, FL 33948

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000363160  
05/05/05-80145-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BOBER, THOMAS A  
STREET ADDRESS 916 SIDNEY TERRACE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE D  
NAME BOBER, DONNA L  
STREET ADDRESS 916 SIDNEY TERRACE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Donna Bober* Donna Bober

4/30/05

941-629-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #