

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051789

Entity Name: TOM CLAIR, INC.

FILED  
Feb 17, 2004  
Secretary of State

## Current Principal Place of Business:

36106 LAKE CHASE BLVD  
SUITE 202  
ZEPHYRHILLS, FL 33541

## New Principal Place of Business:

## Current Mailing Address:

36106 LAKE CHASE BLVD  
SUITE 202  
ZEPHYRHILLS, FL 33541

## New Mailing Address:

FEI Number: 65-0760337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLAIR, MURIEL K  
36106 LAKE CHASE BLVD.  
SUITE 202  
ZEPHYRHILLS, FL 33541 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: PD ( ) Delete  
Name: CLAIR, JAMES T  
Address: 241 SW 159 WAY  
City-St-Zip: SUNRISE, FL 33326

Title: STD ( ) Delete  
Name: CLAIR, MURIEL K  
Address: 241 SW 159 WAY  
City-St-Zip: SUNRISE, FL 33326

Title: VP (X) Delete  
Name: CLAIR, TIMOTHY A  
Address: 241 SW 159 WAY  
City-St-Zip: FORT LAUDERDALE, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: CLAIR, JAMES T  
Address: 241 SW 159 WAY  
City-St-Zip: SUNRISE, FL 33326

Title: CFO (X) Change ( ) Addition  
Name: CLAIR, MURIEL K  
Address: 241 SW 159 WAY  
City-St-Zip: SUNRISE, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MURIEL K. CLAIR

CFO

02/17/2004

Electronic Signature of Signing Officer or Director

Date