

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000074665

1. Entity Name  
TMS ENTERPRISES OF CENTRAL FLORIDA, INC.



Principal Place of Business  
4601 E. HIGHWAY 100  
UNIT B-1  
BUNNELL, FL 32110

Mailing Address  
4601 E. HIGHWAY 100  
UNIT B-1  
BUNNELL, FL 32110



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3480698

Applied For  
Not Applicable

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

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

CONNER, TIMOTHY J  
2 JUNGLE HUT RD. SUITE 1  
PALM COAST, FL 32137

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000385912  
01/18/06-80036-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHEETS, MARVIN
STREET ADDRESS	P.O. BOX 1487
CITY - ST - ZIP	BUNNELL, FL 32110
TITLE	V
NAME	SHEETS, TINA P
STREET ADDRESS	P.O. BOX 1487
CITY - ST - ZIP	BUNNELL, FL 32110
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 exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Marvin P. Sheets* Tina P. Sheets 1/10/06