

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000094349

1. Entity Name  
TOM-BAR ENTERPRISES, INC.



Principal Place of Business  
26005 E. HWY 247  
BRANFORD, FL 32008

Mailing Address  
P.O. BOX 215  
BRANFORD, FL 32008

**DO NOT WRITE IN THIS SPACE**



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3481077

Applied For  
Not Applicable

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

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

THOMPSON, BLEND A  
26005 SR 247  
BRANFORD, FL 32008

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000111443  
04/13/04-80017-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME THOMPSON, BLEND A  
STREET ADDRESS 26058 83RD RD  
CITY- ST- ZIP BRANFORD, FL 32008

TITLE D  
NAME THOMPSON, CHARLES A IV  
STREET ADDRESS 26058 83RD RD  
CITY- ST- ZIP BRANFORD, FL 32008

TITLE T  
NAME BARNES, LARRY  
STREET ADDRESS 26087 S.R. 247  
CITY- ST- ZIP BRANFORD, FL 32008

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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)(f), 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: Blenda Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blenda Thompson 4-9-04

Date

Daytime Phone #