

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000061955

1. Entity Name
TOM & JERRY ENTERPRISES, INC.



Principal Place of Business
2001 DREW STREET
CLEARWATER, FL 33765

Mailing Address
2001 DREW STREET
CLEARWATER, FL 33765



DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3522482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JERRY L
100 HAMPTON RD #65
CLEARWATER, FL 33759

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRIGHT, JAMES R
STREET ADDRESS	2001 DREW STREET
CITY- ST- ZIP	CLEARWATER, FL 33765
TITLE	VD
NAME	BARBER, RICHARD D
STREET ADDRESS	2001 DREW STREET
CITY- ST- ZIP	CLEARWATER, FL 33765
TITLE	S
NAME	WRIGHT, JERRY L
STREET ADDRESS	2001 DREW STREET
CITY- ST- ZIP	CLEARWATER, FL 33765
TITLE	T
NAME	WRIGHT, TOM R
STREET ADDRESS	2001 DREW STREET
CITY- ST- ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000134375
04/28/04-80015-024 150.00

**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: _____

Signature and typed or printed name of signing officer or director

4-26-04

Date

727 4434050

Daytime Phone #