

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90046 017 ***150.00

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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**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3522482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2005 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	PD
NAME	WRIGHT, JERRY L
STREET ADDRESS	2001 DREW STREET
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	VD
NAME	WRIGHT, TOM R
STREET ADDRESS	2001 DREW STREET
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	S
NAME	JOANNE WRIGHT
STREET ADDRESS	2001 DREW ST
CITY-ST-ZIP	CLEARWATER FL 33765
TITLE	T
NAME	MARLYS WRIGHT
STREET ADDRESS	2001 DREW ST
CITY-ST-ZIP	CLEARWATER FL 33765

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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)(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: Jerry Wright JOANNE WRIGHT PRES 2-12-05 727 443 9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #