


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90107 047 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3522482 Applied For Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
WRIGHT, JERRY L 100 HAMPTON RD #65 CLEARWATER, FL 33759		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City	FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, JOANNE	NAME		
STREET ADDRESS	2001 DREW STREET	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765	CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, MARLYS	NAME		
STREET ADDRESS	2001 DREW STREET	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765	CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, JERRY L	NAME		
STREET ADDRESS	2001 DREW STREET	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765	CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, TOM R	NAME		
STREET ADDRESS	2001 DREW STREET	STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <i>Jerry Wright</i>		Date: 1-13-07		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

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