


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90194 026 \*\*\*150.00

**DOCUMENT # P98000067169**

1. Entity Name  
**TOM BEAN PROPERTIES, INC.**



Principal Place of Business  
**5050 W LEMON ST**  
**TAMPA, FL 33609 US**

Mailing Address  
**5050 W LEMON ST**  
**TAMPA, FL 33609 US**

2. Principal Place of Business  
**5025 West Lemon Street**  
**Suite 200** etc.  
**Tampa, FL 33609**  
 City & State

3. Mailing Address  
**5025 West Lemon Street**  
**Suite 200** etc.  
**Tampa, FL 33609**  
 City & State



04092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3565605** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SNYDER, KENNETH J</b> <b>5050 WEST LEMON ST</b> <b>TAMPA, FL 33609</b>				Name <b>Kenneth J. Snyder</b> Street Address (P.O. Box, Number) <b>5025 West Lemon Street</b> <b>Suite 200</b> <b>Tampa, FL 33609</b> City <b>FL</b> 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  **Kenneth J. Snyder** **4-26-06**  
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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>5025 West Lemon Street</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BEAN, THOMAS J</b>			NAME	<b>Suite 200</b>		
STREET ADDRESS	<b>5050 WEST LEMON ST</b>			STREET ADDRESS	<b>Tampa, FL 33609</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>			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			
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:  **THOMAS J. BEAN** **4-26-06** **813-637-2230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #