2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000080644 1. Entity Name						À	Jan 29, 2004 08:00 AM Secretary of State		
TOMASKO MANAGEMENT CORPORATION								·	
Principal Place of Business				Mailing Address					
8711 HICKORYWOOD LN TAMPA FL 33615			РО В	PO BOX 280576 TAMPA FL 33682-0576					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.			Surti	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)	
City & State			City	City & State			4. 1	FEI Number 59-3535714 Applied For Not Applicable	
Z:p	Country		Zip	Zip Ci				Certificate of Status Desired	
6. Name and Address of Current R				ed Agent	7. Name and Address of New Registered Agent Name				
	MASKO, J					<u></u>	treet Address (P.O. Box Number is Not Acceptable)		
8330 GARRISON CIRCLE TAMPA FL 33615						Sireet Address (P.O. Box Number is Not Acceptable)			
						City	Zip Code		
	named entity		t for the purp	ose of changing its	s register	ed office or regis	stered ag	gent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE									
Signature, typed or printed name of registured agont 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 Make Check Payable to Florida Department of State								9. Election Campalgn Financing Trust Fund Contribution. \$5.08 May Be Added to Fees	
10.		OFFICERS AT	ND DIRECTO	RS .	. 11.	·	AΕ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
title name	PVST TOMASKO,	.IAMIF I		☐ Delete TITL		{		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	,	ISON CIRCLE		STRE		EFT ADDRESS -ST-ZIP		U00000020519 U1/29/04-80069-017 150.00	
TITLE NAME	D TOMASKO, JAMIE L			☐ Detete 1/11/ NAM		}		☐ Change ☐ Addition	
STREET ADDRESS CITY - ST - ZIP	RESS 8330 GARRISON CIRCLE			STRE		ET ADDRESS			
TITLE				☐ Delete	TIR.	E	·	☐ Change ☐ Addition	
NAME STREET ADDRESS				NAX STR		ET ADDRESS	DRESS		
CITY-ST-ZIP						-SE-ZIP			
TITLE NAME				☐ Delete	TIJL NAM			☐ Change ☐ Addition	
STREET ADDRESS					3	EET ADDRESS			
CITY-ST-ZIP					_	- ST-ZIP			
TITLE NAME				☐ Delete	TITU Nam	į.		☐ Change ☐ Addition	
STREET ADDRESS CITY ST-ZIP						EET ADORESS -ST-ZIP	\sim		
TUTE				☐ Defete	TITL	-		☐ Change ☐ Addition	
NAME STREET ADDRESS					NAM STRE	EET AODRESS	(7)		
CITY-ST-ZIP	<u> </u>				3	-ST-ZIP	7		
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.									
changed, or on an attachment with an address, with all other like empowered. JAMIE 10 MASKO 1-12-04 8/2-1/25-06-27									
SIGNATURE: 1-22-04 8/3-625-0627 SIGNATURE: Date Disputing AND TYPED OR PRINTED NAME OF STORMING OFFICER OR DIFFECTION Date Disputing Prince 8									

FILED