

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 033 ***158.75

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1. Entity Name
TOMASKO MANAGEMENT CORPORATION



Principal Place of Business
**8711 HICKORYWOOD LN
TAMPA, FL 33615**

Mailing Address
**PO BOX 280576
TAMPA, FL 33682-0576**

50016767



2. Principal Place of Business

3. Mailing Address

8711 Hickorywood Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112005

Chg-P

CR2E034 (10/03)

City & State

City & State

Tampa FL

4. FEI Number

59-3535714

Applied For

Not Applicable

Zip

Country

Zip

33615

Country

U.S.

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

**TOMASKO, JAMIE L
8330 GARRISON CIRCLE
TAMPA, FL 33615**

**8711 Hickorywood Ln
Tampa FL 33615**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Delete
NAME TOMASKO, JAMIE L
STREET ADDRESS 8330 GARRISON CIRCLE
CITY-ST-ZIP TAMPA, FL 33615

TITLE PVST ☐ Change ☒ Addition
NAME Tomasko, Jamie L
STREET ADDRESS 8711 Hickorywood Ln
CITY-ST-ZIP Tampa, FL 33615

TITLE D ☒ Delete
NAME TOMASKO, JAMIE L
STREET ADDRESS 8330 GARRISON CIRCLE
CITY-ST-ZIP TAMPA, FL 33615

TITLE D ☐ Change ☒ Addition
NAME Tomasko, Jamie L
STREET ADDRESS 8711 Hickorywood Ln.
CITY-ST-ZIP Tampa FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-10-05 813-625-0027

Date

Daytime Phone #