

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 8:00 am
Secretary of State

04-23-2008 90038 012 ***150.00

DOCUMENT # S72288 1. Entity Name TOMBO'S, INC.	
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Principal Place of Business 8929 PHILLIPS HWY JACKSONVILLE, FL 32256 US	Mailing Address 8929 PHILLIPS HWY JACKSONVILLE, FL 32256 US
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66012656



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3079128	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent TRESCA, THOMAS C. 8929 PHILLIPS HWY JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRESCA, THOMAS C. 8929 PHILLIPS HWY JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRESCA, GAIL T 8929 PHILLIPS HWY JACKSONVILLE, FL
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**DO NOT WRITE
IN THIS SPACE**

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 807, 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]* *Rundt 5/26/08* *904 363-0990*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #