

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47331

FILED
Mar 04, 2004
Secretary of State

Entity Name: TOMASA ENTERPRISES, INC.

Current Principal Place of Business:

16023 HORIZON CT
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560187
MONTVERDE, FL 34756 US

New Mailing Address:

FEI Number: 65-0348021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHN, KATHY
16023 HORIZON CT
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOHN, KATHY
Address: 16023 HORIZON CT
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: HOLDEN, JACKIE
Address: 16023 HORIZON CT
City-St-Zip: CLERMONT, FL 34711

Title: V () Delete
Name: KOHN, CHRISTOPHER
Address: 16023 HORIZON CT
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KOHN, MICHAEL
Address: 16023 HORIZON COURT
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY KOHN

P

03/04/2004

Electronic Signature of Signing Officer or Director

_____ Date