

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 AM
Secretary of State



DOCUMENT # P02000056284

1. Entity Name
T.M. FERRIN, INC.

Principal Place of Business 8811 PHELPS RD HUDSON FL 34667	Mailing Address 8811 PHELPS RD HUDSON FL 34667
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1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 30-0088309	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERRIN, TINA M
8811 PHELPS RD
HUDSON FL 34667**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete	NAME	FERRIN, TINA M	STREET ADDRESS	8811 PHELPS RD	CITY - ST - ZIP	HUDSON FL 34667
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP	

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05/09/07-80107-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Tina M Ferrin* 4/9/07 727-534-5456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #