

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636434

Entity Name: TOMI ENVIRONMENTAL SOLUTIONS, INC.**Current Principal Place of Business:**8430 SPIRES WAY, SUITE N
FREDERICK, MD 21701**Current Mailing Address:**8430 SPIRES WAY, SUITE N
FREDERICK, MD 21701 US**FEI Number:** 59-1947988**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	CHIEF EXECUTIVE OFFICER AND CHAIRMAN OF THE BOARD
Name	SHANE , HALDEN S
Address	8430 SPIRES WAY, SUITE N
City-State-Zip:	FREDERICK MD 21701

Title	DIRECTOR
Name	JOHNSEN, WALTER
Address	8430 SPIRES WAY, SUITE N
City-State-Zip:	FREDERICK MD 21701

Title	CHIEF OPERATING OFFICER AND DIRECTOR
Name	SHANE , ELLISSA J
Address	8430 SPIRES WAY, SUITE N
City-State-Zip:	FREDERICK MD 21701

Title	CHIEF FINANCIAL OFFICER
Name	JENNINGS, NICK
Address	8430 SPIRES WAY, SUITE N
City-State-Zip:	FREDERICK MD 21701

Title	DIRECTOR
Name	ANDERSON , KELLY
Address	8430 SPIRES WAY, SUITE N
City-State-Zip:	FREDERICK MD 21701

Title	DIRECTOR
Name	BOH SOON , LIM
Address	8430 SPIRES WAY, SUITE N
City-State-Zip:	FREDERICK MD 21701

I hereby 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 all other like empowered.

SIGNATURE: NICK JENNINGS**CFO****03/20/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date