2005 FOR PROFIT CORPORATION
ANNUAL REPORT

✓

DOCUMENT # P03000064885

1. Entity Name
T5 FOAM WORKS, INC.

Principal Place of Business
14320 CARLSON CIRCLE
TAMPA, FL 33626

Mailing Address
14320 CARLSON CIRCLE
TAMPA, FL 33626

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
57-1170954	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HATCHER, DAVID B II
14320 CARLSON CIRCLE
TAMPA, FL 33626

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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

TITLE	P
NAME	HATCHER, DAVID B II
STREET ADDRESS	14320 CARLSON CIR
CITY-ST-ZIP	TAMPA, FL 33626

TITLE	T
NAME	TEMPLE, ROBERT A
STREET ADDRESS	14320 CARLSON CIR
CITY-ST-ZIP	TAMPA, FL 33626

TITLE	S
NAME	TEMPL, ROBERT A
STREET ADDRESS	14320 CARLSON CIR
CITY-ST-ZIP	TAMPA, FL 33626

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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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01/12/05-80015-019 150.00

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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: _David Hatcher_ DAVID HATCHER   1/10/05   813-814-9936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #