

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90022 043 \*\*\*150.00

**DOCUMENT # 430560**

1. Entity Name

PROTEXALL PRODUCTS, INC.



Principal Place of Business

1075 HWY 427 NORTH  
LONGWOOD FL 32750  
US

Mailing Address

1075 HWY 427 NORTH  
LONGWOOD FL 32750  
US

2. Principal Place of Business

402 INTEGRATED COURT

Suite, Apt. #, etc.

3. Mailing Address

402 INTEGRATED COURT

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

DeBary, FLA

Zip  
32713

Country  
USA

City & State

DeBary, FLA

Zip  
32713

Country  
USA

4. FEI Number

59-1472470

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOVEY, CHARLES A.  
1075 HWY 427 NORTH  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

402 INTEGRATED COURT

DeBary

City

DeBary

FL

Zip Code

32713

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

Charles A. Tovey

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5-23-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOVEY, CHARLES A.	
STREET ADDRESS	1000 CHEYENNE TR.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TOVEY, C. LANI	
STREET ADDRESS	1000 CHEYENNE TR.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOVEY, MARK	
STREET ADDRESS	1000 CHEYENNE TR.	
CITY-ST-ZIP	MAITLAND FL 32751	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	134 SEA STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	134 SEA STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	134 SEA STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
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		

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:

Charles A. Tovey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/05

Date

Daytime Phone #