2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # K64351

1. Entity Name
T O C MANAGEMENT, INC.

Principal Place of Business	Mailing Address
% GERADO MENDEZ, JR. 2471 JENNIFER HOPE BLVD. LONGWOOD, FL 32779	% GERADO MENDEZ, JR. 2471 JENNIFER HOPE BLVD. LONGWOOD, FL 32779

02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2930664
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENDEZ, GERARDO, JR.
2471 JENNIFER HOPE BLVD.
LONGWOOD, FL 32779

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MENDEZ, GERADO, JR.
STREET ADDRESS	2471 JENNIFER BLVD.
CITY-ST-ZIP	LONGWOOD, FL
TITLE	TS
NAME	RUSSELL, HELEN T
STREET ADDRESS	229 E RIDGEWOOD
CITY-ST-ZIP	ALTAMONTE SPGS, FL
TITLE	V
NAME	VALENTIN, ELISA
STREET ADDRESS	213 E ALPINE ST
CITY-ST-ZIP	ALTAMONTE SPRGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80093-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Gerado Mendez GERADO MENDEZ 2/15/07 407-788-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #