

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90011 028 ***150.00



DOCUMENT # P00000117782

1. Entity Name
 THOROTEK, INC.

Principal Place of Business
~~229 WINDWARD PASSAGE~~
~~CLEARWATER FL 33767~~

Mailing Address
 229 WINDWARD PASSAGE
 CLEARWATER FL 33767



2. Principal Place of Business

3. Mailing Address

1547 PUTNAM COURT 1547 PUTNAM COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State
 Dunedin, FL

City & State
 Dunedin, FL

4. FEI Number 59-3687223

Applied For
 Not Applicable

Zip 34698 Country USA

Zip 34698 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, SARA
~~229 WINDWARD PASSAGE~~
~~CLEARWATER BEACH FL 33767~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1547 PUTNAM COURT
 City DUNEDIN FL Zip Code 34698

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 *Sara Goldberg*
 Signature, typed or printed name of registered agent and title if applicable

3/26/05
 DATE

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDBERG, SHELDON	
STREET ADDRESS	229 WINDWARD PASSAGE	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDBERG, SARA	
STREET ADDRESS	229 WINDWARD PASSAGE	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1547 PUTNAM COURT	
STREET ADDRESS	DUNEDIN, FL 34698	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1547 PUTNAM COURT	
STREET ADDRESS	DUNEDIN, FL 34698	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sara Goldberg*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/05 227-735-0109
 Date Daytime Phone #