

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90049 029 ***158.75

DOCUMENT # P06000087471

1. Entity Name
TONER MANAGEMENT SYSEMS, INC.

Principal Place of Business *spelling incorrect*
3855 N.W. DEAR OAK DRIVE
JENSEN BEACH, FL 34957
deer

Mailing Address
3855 N.W. DEAR OAK DRIVE
JENSEN BEACH, FL 34957

2. Principal Place of Business - No P.O. Box
3855 NW Deer Oak Dr

3. Mailing Address
PO Box 1670

Suite, Apt. #, etc.

City & State
Jensen Beach, FL

City & State
Jensen Beach, FL

Zip
34957

Zip
34958

Country

Country

6. Name and Address of Current Registered Agent
MIGNANI, STEPHEN J
3855 N.W. DEAR OAK DRIVE
JENSEN BEACH, FL 34957
spelling incorrect

7. Name and Address of New Registered Agent
 Name
MAGNANI, Stephen J
 Street Address (P.O. Box Number is Not Acceptable)
3855 NW Deer Oak Dr
 City
Jensen Beach **FL** Zip Code
34957

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]* **Stephen J MAGNANI 7-5-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



07052007 Chg-P CR2E034 (12/06)

4. FEI Number **205147902** Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIGNANI, STEPHEN J 3855 N.W. DEAR OAK DRIVE JENSEN BEACH, FL 34957 <i>spelling incorrect</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGNANI, Stephen J PO Box 1670 JENSEN Bch, FL 34958 <i>Change</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIGNANI, DONNA J 3855 N.W. DEAR OAK DRIVE JENSEN BEACH, FL 34957 <i>spelling incorrect</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAGNANI, Donna J PO Box 1670 Jensen Bch, FL 34958 <i>Change</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* **Stephen J MAGNANI 7-5-2007**
Signature and typed or printed name of signing officer or director Date Daytime Phone #