

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000042370

Entity Name: TOCCO FRAMING, INC.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

990 4TH AVENUE SOUTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

990 4TH AVENUE SOUTH  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 27-2586564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOCCO, CHERILYN P  
990 4TH AVENUE SOUTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: TOCCO, CHERILYN P  
Address: 990 4TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHERILYN TOCCO

PRES

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date