2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90056 002 ***150.00

24018199

DOCUMENT # V47454

1. Entity Name
TONIMAR, INC.

Principal Place of Business	Mailing Address
~~2120 PAGET CIR~~ NAPLES, FL 34112 US	~~2120 PAGET CIR~~ NAPLES, FL 34112 US

02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2118 Tamiami Tr. N.	P.O. Box 110962
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples FL
Zip: 34102 Country: USA	Zip: 34108 Country: USA

4. FEI Number: 65-0363769 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~IACONO, VINCENT~~
~~2120 PAGET CIR~~
~~NAPLES, FL 34112~~

7. Name and Address of New Registered Agent

Name: Toni Iacono
Street Address (P.O. Box Number is Not Acceptable): 2118 Tamiami Tr. N.
City: Naples FL Zip Code: 34102

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: Toni Iacono DATE: 3-3-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~IACONO, TONI~~ ~~2120 PAGET CIR~~ ~~NAPLES, FL 34112~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D TONI IACONO 2118 Tamiami Tr. N. Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Toni Iacono 3-3-04 239-2486763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TONI IACONO, PRES