

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90144 001 ***900.00

DOCUMENT # S97084

1. Entity Name
1-800-TOILETS, INC.



Principal Place of Business

7451 NW 63 ST
MIAMI, FL 33166-3603 US

Mailing Address

7451 NW 63 ST
MIAMI, FL 33166-3603 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0300534

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 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 P
NAME MCNABB, TERRENCE ☒ Delete
STREET ADDRESS 31 MIDDLESEX RD
CITY-ST-ZIP MANSFIELD, MA 02048

TITLE P, CEO
NAME TERRENCE MCNABB ☒ Change ☒ Addition
STREET ADDRESS 200 FRIBERG PARKWAY, STE 4000
CITY-ST-ZIP WESTBORO, MA 01581

TITLE CT
NAME PARLENGAS, RONALD ☒ Delete
STREET ADDRESS 18 RED GAP ROAD
CITY-ST-ZIP WILBRAHAM, MA 01095

TITLE SECRETARY, TREASURER
NAME RONALD PARLENGAS ☒ Change ☒ Addition
STREET ADDRESS 18 RED GAP ROAD
CITY-ST-ZIP WILBRAHAM, MA 01095

TITLE D
NAME HITCHNER, DOUGLAS ☐ Delete
STREET ADDRESS 56B FOREST DRIVE
CITY-ST-ZIP SPRINGFIELD, NJ 07081

TITLE ASST. SECRETARY
NAME JOSEPH BALDUCCI ☐ Change ☒ Addition
STREET ADDRESS 51 LONGWOOD DRIVE
CITY-ST-ZIP LUNENBURG, MA 01462

TITLE D
NAME LEMAY, SCOTT ☒ Delete
STREET ADDRESS 535 SOUTH STREET
CITY-ST-ZIP FITCHBURG, MA 01420

TITLE VP, CFO
NAME TERRY BELLORE ☐ Change ☒ Addition
STREET ADDRESS 95 EAST INDIA WAY
CITY-ST-ZIP BOSTON, MA 02110

TITLE D
NAME KWAIT, BRIAN ☐ Delete
STREET ADDRESS 75 ROCK MAPLE ROAD
CITY-ST-ZIP GREENWICH, CT 06830

TITLE DIRECTOR
NAME MAZZI MARZA ☐ Change ☒ Addition
STREET ADDRESS 280 PARK AVE 38TH Floor
CITY-ST-ZIP New York, New York 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Ronald Parlangas 3-3-05 508-594-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #