

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 440279

**Entity Name:** TOLLFAB, INC.

**Current Principal Place of Business:**

4401 ORTEGA FARMS BLVD.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

PO BOX 194  
NEWPORT, VT 05855

**FEI Number:** 59-1495296

**Certificate of Status Desired:** No

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

KNUTZEN, JIM  
5150 BELFORT ROAD  
BUILDING 300  
JACKSONVILLE, FL 32256 US

*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

**Officer/Director Detail :**

Title P  
Name KNOLL, FRANK S.  
Address PO BOX 194  
City-State-Zip: NEWPORT VT 05855

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:** FRANK KNOLL

**PRESIDENT**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date