

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 250938

1. Entity Name
THE TOBI COMPANY, INC.



Principal Place of Business
**10500 UNIVERSITY CENTER DR.
SUITE 143
TAMPA, FL 33612**

Mailing Address
**10500 UNIVERSITY CENTER DR.
SUITE 143
TAMPA, FL 33612**



04012004 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1263852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BALLOTTA, PETER C
4207 CARROLLWOOD VILLAGE DR
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BALLOTTA, PETER C.
STREET ADDRESS 4207 CARROLLWOOD VILLAGE DR
CITY - ST - ZIP TAMPA, FL

TITLE CVD
NAME TOBI, FREDERICK G.
STREET ADDRESS 3007 W. ASBURY PLACE
CITY - ST - ZIP TAMPA, FL

TITLE VD
NAME TOBI, JOSEPH C.
STREET ADDRESS 514 RIVIERA DR
CITY - ST - ZIP TAMPA, FL

TITLE DV
NAME WILSON, PETER G.
STREET ADDRESS 18232 CLEAR LAKE DRIVE
CITY - ST - ZIP LUTZ, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000152464
05/04/04-80089-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #