


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90549 040 \*\*\*150.00

<b>DOCUMENT # 250938</b> 1. Entity Name <b>THE TOBI COMPANY, INC.</b>			
Principal Place of Business <b>10500 UNIVERSITY CENTER DR. SUITE 143 TAMPA, FL 33612</b>		Mailing Address <b>10500 UNIVERSITY CENTER DR. SUITE 143 TAMPA, FL 33612</b>	
2. Principal Place of Business <b>P.O. Box 11705 Suite, Apt. #, etc. 2908 E. McBerry St. Tampa, FL 33680 USA</b>		3. Mailing Address <b>P.O. Box 11705 Suite, Apt. #, etc. 2908 E. McBerry St. Tampa, FL 33680 USA</b>	
4. FEI Number <b>59-1263852</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BALLOTTA, PETER C 4207 CARROLLWOOD VILLAGE DR TAMPA, FL 33624</b>		7. Name and Address of New Registered Agent Name <b>Joseph C. Tobì</b> Street Address (P.O. Box Number is Not Acceptable) <b>514 Riviera Dr.</b> City <b>Tampa</b> FL Zip Code <b>33606</b>	
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 <b>Joseph C Tobì Pres</b> DATE <b>4/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>PD BALLOTTA, PETER C. 4207 CARROLLWOOD VILLAGE DR TAMPA, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD Joseph C. Tobì 514 RIVIERA DR. TAMPA, FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CVD TOBI, FREDERICK G. 3007 W. ASBURY PLACE TAMPA, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD TOBI, JOSEPH C. 514 RIVIERA DR TAMPA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DV WILSON, PETER G. 18232 CLEAR LAKE DRIVE LUTZ, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Joseph C Tobì</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>4/29/05</b> (813) 237-3836 <small>Date Daytime Phone #</small>	

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