


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90120 034 \*\*\*150.00

<b>DOCUMENT # 310247</b> 1. Entity Name <b>TOLBERT ENTERPRISES INC</b>					
Principal Place of Business <b>RAMADA INN</b> <b>U S 98 EAST</b> <b>FT WALTON BEACH, FL 32548</b>			Mailing Address <b>RAMADA PLAZA BEACH RESORT</b> <b>1500 MIRACLE STRIP PKWY SE</b> <b>FT WALTON BEACH, FL 32548 US</b>		
2. Principal Place of Business <b>RAMADA PLAZA BCH RESORT</b>			3. Mailing Address <b>1500 MIRACLE STRIP PKWY SE</b>		
Suite Apt. #, etc. <b>1500 MIRACLE STRIP PKWY SE</b>			Suite Apt. #, etc. <b>1500 MIRACLE STRIP PKWY SE</b>		
City & State <b>FORT WALTON BCH FL</b>		City & State <b>FORT WALTON BCH FL</b>		4. FEI Number <b>59-1265954</b>	
Zip <b>32548</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TOLBERT, FRED JR.</b> <b>1500 MIRACLE STRIP PKWY</b> <b>FT WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name <b>PATRICIA TOLBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 MIRACLE STRIP PKWY SE</b> City <b>FORT WALTON BCH</b> <b>FL</b> Zip <b>32548</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 <u><i>Patricia H. Tolbert</i></u> <b>PATRICIA H TOLBERT</b> <b>4/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>TOLBERT, PATRICIA H.</b> <b>1500 MIRACLE STRIP PKWY., SE</b> <b>FT WALTON BEACH, FL 32548</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOLBERT, FRED JR.</b> <b>1500 MIRACLE STRIP PKWY., SE</b> <b>FT. WALTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Patricia H. Tolbert</i></u> <b>4/28/05</b> <b>850-243-9161</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					