


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 029 ***150.00

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| DOCUMENT # 335824 1. Entity Name BOB TOSKI, INC. |  |
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| Principal Place of Business 20914 HAMACA COURT/ PASEOS BOCA RATON, FL 33433 | Mailing Address 20914 HAMACA COURT/ PASEOS BOCA RATON, FL 33433 |
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1224319 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**TOSKI, JACQUELINE
20914 HAMACA COURT-PASEOS
BOCA RATON, FL 33433**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOSKI, ROBERT J 20914 HAMACA COURT, BOCA RATON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TOSKI, JACQUELINE S 20914 HAMACA COURT BOCA RATON, FL |
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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: *Robert Toski* Robert Toski *Feb 19-04* 561 4837299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #