

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90217 046 ***150.00

DOCUMENT # 460725

1. Entity Name

TONEY DRILLING SUPPLIES, INC.



Principal Place of Business

14060 NW 19TH AVE.
OPA LOCKA FL 33054

Mailing Address

14060 NW 19TH AVE.
OPA LOCKA FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1549284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TONEY, JANE W.
14060 N.W. 19TH AVE.
OPA LOCKA FL 33054-1112**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TONEY, ROBERT C.**
STREET ADDRESS **14060 NW 19TH AVENUE**
CITY- ST- ZIP **MIAMI FL**

TITLE **C** ☐ Delete
NAME **TONEY, JANE W.**
STREET ADDRESS **14060 NW 19TH AVENUE**
CITY- ST- ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
NAME **TONEY, DALE A.**
STREET ADDRESS **3926 PALMARITO ST.**
CITY- ST- ZIP **CORAL GABLES FL 33146**

TITLE **VD** ☐ Delete
NAME **ROBINSON, TERRY**
STREET ADDRESS **1875 N LEAVITT AVE**
CITY- ST- ZIP **ORANGE CITY FL 32763**

TITLE **TD** ☒ Delete
NAME **LUNDELIUS, WALTER D**
STREET ADDRESS **5 NORTH BEST POINT**
CITY- ST- ZIP **INVERNESS FL 34450**

TITLE **VD** ☐ Delete
NAME **ROBINSON, DARLENE**
STREET ADDRESS **1875 LEAVITT AVE**
CITY- ST- ZIP **ORANGE CITY FL 32763**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

3-15-05 685-2453

Date

Daytime Phone #