

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90003 005 ***150.00

DOCUMENT # 501377

1. Entity Name
TOXEY WHITAKER INSURANCE, INC.



Principal Place of Business 314 CANAL STREET P. O. BOX 626 NEW SMYRNA BEACH, FL 32168	Mailing Address 314 CANAL STREET P. O. BOX 626 NEW SMYRNA BEACH, FL 32168
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30002030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1693032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELOACH, J. BOYD
418 CANAL STREET
NEW SMYRNA BEACH, FL 32168

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPDP.	<input type="checkbox"/> Delete
NAME	WHITAKER, TOXEY JR.	
STREET ADDRESS	4020 COWCREEK ROAD	
CITY- ST- ZIP	EDGEWATER, FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	S.	<input type="checkbox"/> Delete
NAME	WHITAKER, MARTHA M.	
STREET ADDRESS	4020 COWCREEK ROAD	
CITY- ST- ZIP	EDGEWATER, FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, MARTHA M.	
STREET ADDRESS	4020 COWCREEK ROAD	
CITY- ST- ZIP	EDGEWATER, FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

8-15-05 386-427-261

Mary Lee Cook

ATTACHMENT
50062096

PHONE 386-345-3793

Accountant

ENROLLED TO PRACTICE
BEFORE THE INTERNAL REVENUE SERVICE

222 W. ARIEL ROAD
EDGEWATER, FL 32141

July 22, 2005

Division of Corporations
P. O. Box 6198
Tallahassee, Florida 32314-6198

RE: Toxey Whitaker Insurance, Inc.
EI# 59-1693032
Annual Report

Dear Sirs:

My client has received a notice of intent to dissolve his corporation. We do not know if you ever consider extenuating circumstances. However, this is our explanation for failure to file.

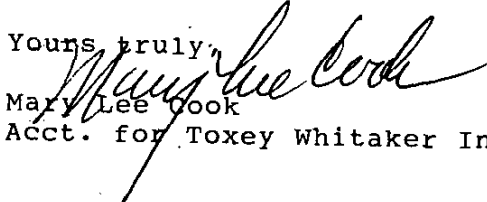
I gave the client the report, told them what to do, etc. However, somehow they got it mixed up with some IRS paperwork, wrote the check to IRS and mailed it (with the report) to IRS.

Naturally, all IRS did was snatch the check and deposit it, and God knows what happened to the annual report. Until you sent the notice of intent, the client didnt even know he had goofed.

As you can see by the memo on the check, they paid IRS \$ 150.00 for the "2005 for profit annual report" In short, our intent was good, our aim was bad.

We respectfully request that you abate the \$ 400.00 penalty and allow us to refile the report correctly. Your consideration to this request will be greatly appreciated.

Yours, truly,


Mary Lee Cook
Acct. for Toxey Whitaker Ins. Inc.

cc: T. Whitaker

MLS/sf