

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90100 006 ***150.00

DOCUMENT # 573547

1. Entity Name
TOFOR SALES, INC.



Principal Place of Business
14378 86TH AVE NORTH
SEMINOLE, FL 33776 US

Mailing Address
14378 86TH AVE NORTH
SEMINOLE, FL 33776 US

50025545



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1818503

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHALICH, DANIEL
14378 86TH AVE NORTH
SEMINOLE, FL 33776

**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

Daniel Chalich
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHALICH, DANIEL
STREET ADDRESS 14378 86TH AVE N
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE STD
NAME CHALICH, MARILYN J
STREET ADDRESS 14378 86TH AVE N
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

Daniel Chalich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CHALICH 3-11-05
Date

Date

Daytime Phone #