

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90050 003 ***158.75

DOCUMENT # 689640

1. Entity Name
TOOT TOOLING, INC.



Principal Place of Business
**166 INDUSTRIAL LOOP
ORANGE PARK, FL 32073 US**

Mailing Address
**C/O DAVID A KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK, FL 32073**

40007648



2. Principal Place of Business

3. Mailing Address

P.O. Box 1416

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State

City & State
Orange Park, FL

4. FEI Number
59-2044119

Applied For
Not Applicable

Zip Country

Zip Country
32073

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

6. Name and Address of Current Registered Agent

**KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVE
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name
Otto W. Scrape, Jr.
Street Address (P.O. Box Number is Not Acceptable)
166 Industrial Loop

City Zip Code
Orange Park FL 32073

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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 21, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
SCRAPE JR, OTTO W
1108 MORGAN CIRCLE
ORANGE PARK, FL 32073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OTTO W SCRAPE

Date

Daytime Phone #

JAN 21, 05 (604) 264-5677