


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 694927</b> 1. Entity Name <b>TO-JAC'S, INC.</b>			
Principal Place of Business <b>5910 N. LINCOLN TAMPA FL 33614</b>		Mailing Address <b>5910 N. LINCOLN TAMPA FL 33614</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>BACCARELLA, DOMINIC J 1505 N. FLORIDA AVE, STE A TAMPA FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number <b>59-2109457</b> <div style="float: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/04)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DI GIOVANNI, JACK 2010 E CLINTON TAMPA, FL 00000	TITLE NAME STREET ADDRESS CITY - ST - ZIP	UN00000222953 02/10/05-80027-008 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DI GIOVANNI, TONY 5910 LINCOLN TAMPA FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	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:** *[Signature]* **2/8/05** **813-872-6297**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #