


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001830 1. Entity Name T.O.S. CORPORATION	
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Principal Place of Business 5455 EAST HARBOR DRIVE VERO BEACH, FL 32967	Mailing Address 5455 EAST HARBOR DRIVE VERO BEACH, FL 32967
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DO NOT WRITE IN THIS SPACE



08102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3613475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, J. ATWOOD III
5070 N. HIGHWAY A-1-A, SUITE 200
VERO BEACH, FL 32963

**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 _____
Signature, typed or printed name of registered agent and title if applicable * (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	PTC LAIRD, DAVID 5455 EAST HARBOR DRIVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAIRD, MARY 5455 EAST HARBOR DRIVE VERO BEACH, FL 32967
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IN THIS SPACE**

000000377535
09/01/05-80003-007 \$50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary B. Laird Aug 30th 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/mo Phone #