

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 014 ***150.00

DOCUMENT # G94379*

1. Entity Name

TOBIASZ ENTERPRISE, INC.



Principal Place of Business

1504 NE JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

Mailing Address

P.O. BOX 1288
JENSEN BEACH FL 34958



2. Principal Place of Business - No P.O. Box #

2458 SE ISAAC ROAD

3. Mailing Address

PO BOX 1288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

J

City & State

PORT ST. LUCIE, FL.

City & State

Jensen Beach
FLORIDA

Zip

34952

Country

USA

Zip

34958

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2432943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOBIASZ, DANIEL R.
2458 SE ISAAC ROAD
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

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 rechartering)

DATE

4-19-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

ST
TOBIASZ, ANN
2458 SE ISAAC ROAD
PORT ST LUCIE FL 34952

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TOBIASZ, DANIEL
2458 SE ISAAC ROAD
PORT ST LUCIE FL 34952

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Daniel R. Tobiasz Pres. 4-19-08 772-334-1067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #