

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-14-2008 90009 010 ***158.75

DOCUMENT # H07321

1. Entity Name
TOC PRODUCTIONS INC.



Principal Place of Business
1069 W. MORSE BLVD.
STE 1
WINTER PARK, FL 32789-3711 US

Mailing Address
1069 W. MORSE BLVD.
STE 1
WINTER PARK, FL 32789-3711 US

40101741



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2435255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, RICHARD
100 SE 2ND STREET STE 3300
MIAMI, FL 33131

**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 \$150.00
After May 1, 2008 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
P
LINDERS, JEANETTE C
9210 RIDGE PINE TRAIL
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
V
GRANT, JOANNE C
1243 LAKE WILLISARA CIRCLE
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
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 exemptions contained in Chapter 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:

Jeanette C Linders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date

407-478-1700

Daytime Phone #