## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# H50601

Entity Name: D. TOFFEL, INC.

FILED Nov 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9317 SE MYSTIC COVE TR 5525 S.W. WOODHAM ST. HOBE SOUND, FL 33455 US PALM CITY, FL 34990 US

Current Mailing Address: New Mailing Address:

PO BOX 2004 PO BOX 1796

HOBE SOUND, FL 33475 US PALM CITY, FL 34991 US

FEI Number: 59-2530538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOFFEL, DON

9317 SE MYUSTIC COVE TER

HOBE SOUND, FL 33455 US

TOFFEL, DON J PT

5525 S.W. WOODHAM ST.

PALM CITY, FL 34990 US

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.

SIGNATURE: DON J. TOFFEL 11/01/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PT () Delete
 Title:
 PT (X) Change () Addition

 Name:
 TOFFEL, DON J PT

 Address:
 9317 SE MYSTIC COVE TER
 Address:
 5525 S.W. WOODHAM ST.

City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: PALM CITY, FL 34990 US

Title: S () Delete Title: S (X) Change () Addition Name: TOFFEL, OLITA S TOFFEL, OLITA A S

 Name:
 TOFFEL, OLITA
 Name:
 TOFFEL, OLITA A S

 Address:
 9317 SE MYSTIC COVE TER
 Address:
 5525 S.W. WOODHAM ST.

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 PALM CITY, FL 34990 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 RUMBAKS, RAIMOND
 Name:
 RUMBAKS, RAIMOND
 VP

 Address:
 9317 SE MYSTIC COVE TER
 Address:
 5525 S.W. WOODHAM ST.

 City-St-Zip:
 HOBE SOUND, FL 33455 US
 City-St-Zip:
 PALM CITY, FL 34990 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON J. TOFFEL PT 11/01/2005