

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90072 038 \*\*\*150.00

DOCUMENT # J80920

1. Entity Name

TOCCO CUSTOM FRAMING & RESTORATION, INC.



Principal Place of Business

% CHERILYN P. TOCCO  
935 FOURTH AVE S  
NAPLES FL 34102

Mailing Address

% CHERILYN P. TOCCO  
935 FOURTH AVE S  
NAPLES FL 34102



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

990 Fourth Ave. S.

3. Mailing Address

990 Fourth Ave. South

Suite, Apt. #, etc.

Naples, FL.

Suite, Apt. #, etc.

Naples, FL

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip 34102

Country

Zip 34102

Country

4. FEI Number

59-0825976

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOCCO, CHERILYN P.  
935 FOURTH AVE S  
NAPLES FL 33940

Change of  
Address

7. Name and Address of New Registered Agent

Name

ToCCO, CHERILYN P.

Street Address (P.O. Box Number is Not Acceptable)

990 Fourth Ave. South

City

Naples, FL. 34102

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 ☒ Delete  
NAME TOCCO, CHERILYN P.  
STREET ADDRESS 935 FOURTH AVE S  
CITY- ST- ZIP NAPLES FL

TITLE ☐ Delete  
NAME VP  
NAME TOCCO, JASON D  
STREET ADDRESS 901 HIDDEN TERRACE RD.  
CITY- ST- ZIP NAPLES FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.13.07

239-2615543

Date

Daytime Phone #