2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

n address, with all other like empowered

## Mar 31, 2005 8:00 am Secretary of State DOCUMENT # K37019 1. Entity Name 03-31-2005 90038 025 \*\*\*150.00 TONER COMMUNICATIONS, INC. Principal Place of Business Mailing Address 1101 CHANNELSIDE DR 1101 CHANNELSIDE DR SUITE 231 TAMPA FL 33602 TAMPA FL 33602 3. Mailing Address 4205 Saltwater Blvd. Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number Florida 59-2922687 Tampa Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33615 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TONER, STEPHEN TONER, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 1101 CHANNELSIDE DR SUITE 231 4205 Saltwater Blud TAMPA FL 33602-8. 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete DILE UER, STEPHEN J. 55 Saltwater Blvd. TONER, STEPHEN J NAME NAME 1101 CHANNELSIDE DR., STE. 291-STREET ADDRESS STREET ADDRESS TAMPA FL 99602 ampa Florida 33615 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ONER, PAMELA TONER, PAMELA NAME NAME 4205 Saltwater Blvd. STREET ADDRESS 1101 CHANNELSIDE DR, STE. 231 STREET ADDRESS FAMPA FL 99602 City-St-7iP Tampa Florida 33615 CITY-ST-7IP TITLE \_ Addition ☐ Defete TITLE . Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITL F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-7IP Change Detete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or directors 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 in

Stephen J. Toner

**FILED**