

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # K64351

1. Entity Name
T O C MANAGEMENT, INC.



Principal Place of Business
% GERADO MENDEZ, JR.
2471 JENNIFER HOPE BLVD.
LONGWOOD, FL 32779

Mailing Address
% GERADO MENDEZ, JR.
2471 JENNIFER HOPE BLVD.
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2930664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MENDEZ, GERARDO, JR.
2471 JENNIFER HOPE BLVD.
LONGWOOD, FL 32779

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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 DP
NAME MENDEZ, GERADO, JR.
STREET ADDRESS 2471 JENNIFER BLVD.
CITY-ST-ZIP LONGWOOD, FL

TITLE TS
NAME RUSSELL, HELEN T
STREET ADDRESS 229 E RIDGEWOOD
CITY-ST-ZIP ALTAMONTE SPRGS, FL

TITLE V
NAME VALENTIN, ELISA
STREET ADDRESS 213 E ALPINE ST
CITY-ST-ZIP ALTAMONTE SPRGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000916524
05/13/08-80005-008 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #