

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008090

FILED
Jan 08, 2008
Secretary of State

Entity Name: THE TOYMAKERS, INC.

Current Principal Place of Business:

10450 CASEY DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

10450 CASEY DRIVE
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 36-4591821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECZNAR, ROBERT N ESQ.
5922 MAIN STREET
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOUGHLIN, TOM
Address: 10450 CASEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VD () Delete
Name: HONEYWELL, PARKS
Address: 1705 DAYLILY DRIVE
City-St-Zip: TRINITY, FL 34655

Title: SD () Delete
Name: COCCIA, BILL
Address: 4816 FT. PECK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: HOGE, DON
Address: 10430 CASEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: BENNER, ART
Address: 10018 BROOKSDALE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: RAMSEIER, RENE
Address: 5300 WELLFIELD ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: COCCIA, BILL
Address: 4816 FT. PECK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM LOUGHLIN

PD

01/08/2008

Electronic Signature of Signing Officer or Director

Date