

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90081 030 ***150.00

DOCUMENT # P00000110837					
1. Entity Name GREGORY F. TOTH, P.A.					
Principal Place of Business 9250 CORKSCREW RD #8 ESTERO, FL 33928			Mailing Address 9250 CORKSCREW RD #8 ESTERO, FL 33928		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1051990	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOTH, GREGORY F 12651 MCGREGOR BLVD #4-403 FORT MYERS, FL 33919			Name Street Address (P.O. Box Number is Not Acceptable) 9250 Corkscrew Rd, #8 City Estero, FL Zip Code 33928		
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: 			DATE: 2/20/07		
(NOTE: Registered Agent signature required when reinstating)			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST TOTH, GREGORY F 12651 MCGREGOR BLVD # 403 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	DVST Toth, Gregory F. 9250 Corkscrew Rd, #8 Estero, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			DATE: 2/20/07 DAYTIME PHONE: 239-277-1515		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					