

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Apr 12, 2004 8:00 am
Secretary of State

03-29-2004 90407 017 ****50.00

04-12-2004 90639 017 ***100.00

DOCUMENT # P01000012923

1. Entity Name
TOCCATA INC.



Principal Place of Business
**1721 ALLENS CREEK DRIVE
CLEARWATER, FL 33764**

Mailing Address
**1721 ALLENS CREEK DRIVE
CLEARWATER, FL 33764**

14001004



DO NOT WRITE IN THIS SPACE

03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3700028

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JENSEN, PAUL C
5625 CENTRAL AVENUE
SAINT PETERSBURG, FL 33710**

**DO NOT WRITE
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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CLOUGH, STEPHEN
1721 ALLENS CREEK DRIVE
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CLOUGH, LORAIN
1721 ALLENS CREEK DRIVE
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

MARCH 26th /04

Daytime Phone # _____