


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

3/ **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



03092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY - ST - ZIP	
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:  **MAR 26<sup>th</sup> / 04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #