

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90033 031 ***150.00

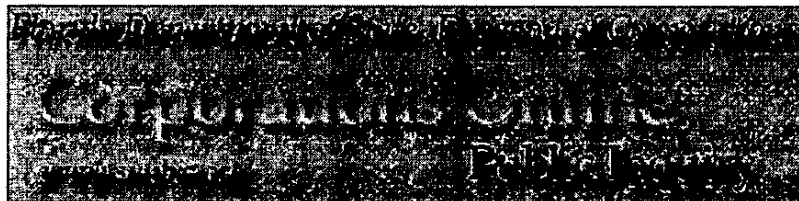
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03132007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000068559 1. Entity Name TOF TRANSPORTATION, INC.					
Principal Place of Business 9501 NORMANDY BLVD JACKSONVILLE, FL 32221			Mailing Address 9501 NORMANDY BLVD JACKSONVILLE, FL 32221		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3729742			Applied For <input type="checkbox"/> Not Applicable		
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		
CAMP, RICHARD CPA 6817 SOUTHPORT PARKWAY 220 JACKSONVILLE, FL 32216			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, HARVIN W 9501 NORMANDY BLVD JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMMONS, WAYNE 9501 NORMANDY BLVD JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		
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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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		
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: _____		_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: _____ Daytime Phone #: _____	

ATTACHMENT 60026144



Florida Profit

TOF TRANSPORTATION, INC.

PRINCIPAL ADDRESS
9501 NORMANDY BLVD
JACKSONVILLE FL 32221

MAILING ADDRESS
9501 NORMANDY BLVD
JACKSONVILLE FL 32221

Document Number
P01000068559

FEI Number
593729742

Date Filed
07/12/2001

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
REINSTATEMENT

Event Date Filed
04/01/2004

Event Effective Date
NONE

Registered Agent

Name & Address
CAMP, RICHARD CPA 6817 SOUTHPORT PARKWAY 220 JACKSONVILLE FL 32216
Name Changed: 04/01/2004
Address Changed: 04/24/2006

Officer/Director Detail

Name & Address	Title
LANE, HARVIN W 9501 NORMANDY BLVD JACKSONVILLE FL 32221	P
SAMMONS, WAYNE 9501 NORMANDY BLVD JACKSONVILLE FL 32221	V

ATTACHMENT

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Annual Reports

Report Year	Filed Date
2004	04/01/2004
2005	04/21/2005
2006	04/24/2006

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Document Images

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[04/24/2006 -- ANN REP/UNIFORM BUS REP](#)
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[04/01/2004 -- REINSTATEMENT](#)
[05/07/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[07/12/2001 -- Domestic Profit](#)

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