

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90016 006 \*\*\*150.00

<b>DOCUMENT # P01000084295</b>					
<b>1. Entity Name</b> TOBCO, INC.					
<b>Principal Place of Business</b> 282 BRIER CIRCLE JUPITER, FL 33458			<b>Mailing Address</b> 282 BRIER CIRCLE JUPITER, FL 33458		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 65-1141457	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COCOTOS, PETER 777 SOUTH FLAGLER STREET, SUITE 300 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name: <u>Peter Cocotos</u> Street Address (P.O. Box Number is Not Acceptable): <u>15677 97th Drive N</u> City: <u>Jupiter</u> FL Zip Code: <u>33478</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>4/10/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'</b>		
TITLE: <u>D</u> NAME: <u>COCOTOS, PETER</u> STREET ADDRESS: <u>282 BRIER CIRCLE</u> CITY-ST-ZIP: <u>JUPITER, FL 33458</u>	<input type="checkbox"/> Delete		TITLE: <u>15677 97th Dr N</u> NAME: <u>Jupiter FL 33478</u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Delete		TITLE: <u></u> NAME: <u></u> STREET ADDRESS: <u></u> CITY-ST-ZIP: <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Peter Cocotos</u> <u>4/10/04</u> <u>31 248 3205</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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