


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P01000114635 1. Entity Name TOBY'S NOSE FILTERS, INC. |  |
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| Principal Place of Business 3585 N. COURTENAY PKWY. SUITE #6 MERRITT ISLAND, FL 32953 | Mailing Address 3585 N. COURTENAY PKWY. SUITE #6 MERRITT ISLAND, FL 32953 |
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3752093 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MCCORMICK, LESTER (TOBY) 936 LIMERICK DR. MERRITT ISLAND, FL 32953 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 MCCORMICK, LESTER (TOBY) 936 LIMERICK DR. MERRITT ISLAND, FL 32953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCORMICK, JOYCE 936 LIMERICK DR. MERRITT ISLAND, FL 32953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCORMICK, BRUCE 936 LIMERICK DR. MERRITT ISLAND, FL 32953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCORMICK, TONY 6530 BETHEL ST. COCOA, FL 32927 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/17/07-80091-004 150.00

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IN THIS SPACE**

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:

Toby McCormick *Toby McCormick*

1-12-07 321-453-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #