2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000114635

1. Entity Name
TOBY'S NOSE FILTERS, INC.

Principal Place of Business	Mailing Address
3585 N. COURTENAY PKWY. SUITE #6 MERRITT ISLAND, FL 32953	3585 N. COURTENAY PKWY. SUITE #6 MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3752093
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORMICK, LESTER (TOBY)
936 LIMERICK DR.
MERRITT ISLAND, FL 32953

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCORMICK, LESTER (TOBY)
STREET ADDRESS	936 LIMERICK DR.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	MCCORMICK, JOYCE
STREET ADDRESS	936 LIMERICK DR.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	MCCORMICK, BRUCE
STREET ADDRESS	936 LIMERICK DR.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	MCCORMICK, TONY
STREET ADDRESS	6530 BETHEL ST.
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Lester (Toby) McCormick 1-14-08 321-453-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #