

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068975

Entity Name: TOQUAM HOLDINGS, INC.

FILED
Feb 21, 2005
Secretary of State

Current Principal Place of Business:

269 HUGH THOMAS DR.
CALLAWAY, FL 32404

New Principal Place of Business:

Current Mailing Address:

269 HUGH THOMAS DR.
CALLAWAY, FL 32404

New Mailing Address:

FEI Number: 54-2063190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, ROB JR.
221 MCKENZIE AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MALLORY, SHERRI D
442 GRACE AVE
PANAMA CITY, FL 32401 US

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.

SIGNATURE: SHERRI D.MALLORY

02/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MERKLE, DOUGLAS H
Address: 269 HUGH THOMAS DR.
City-St-Zip: CALLAWAY, FL 32404

Title: D () Delete
Name: PRICE, SIMON
Address: 1000 PLANTATION DR.
City-St-Zip: CALLAWAY, FL 32404

Title: D () Delete
Name: BERRY, WALLACE C
Address: 3055 W 30TH CT.
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Delete
Name: BLUE, ROB C JR.
Address: 424 BUNKERS COVE RD.
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Delete
Name: WILSON, TED R
Address: 2915 ISLAND VIEW CIR.
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MALLORY, SHERRI D
Address: 442 GRACE AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS H. MERKLE

PRES

02/21/2005

Electronic Signature of Signing Officer or Director

Date