

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90013 046 ***150.00

DOCUMENT # P02000109008

1. Entity Name
TONEY DRILLING SUPPLIES CENTRAL, INC.



Principal Place of Business
**5 NORTH BEST POINT
INVERNESS, FL 34450-1452**

Mailing Address
**5 NORTH BEST POINT
INVERNESS, FL 34450-1452**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102004 Chg-P CR2E034 (10/03)

4. FEI Number
27-0055845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUNDELIUS, WALTER D SR
5 NORTH BEST POINT
INVERNESS, FL 34450-1452**

Name **TONEY, JANE W**
Street Address (P.O. Box Number is Not Acceptable)

14060 NW 19 Ave
City **Miami** **FL** Zip Code **33054**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

**STD
LUNDELIUS, WALTER D SR
5 NORTH BEST POINT
INVERNESS, FL 344501452** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**C
TONEY, JANE W
14060 NW 19TH AVE.
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
TONEY, ROBERT C
14060 NW 19TH AVE.
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
TONEY, DALE A
3926 PALMARITO ST.
CORAL GABLES, FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
ROBINSON, TERRY
1875 N. LEAVITT AVE.
ORANGE CITY, FL 32763** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
ROBINSON, DARLENE
1875 N. LEAVITT AVE.
ORANGE CITY, FL 32763** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-04 305-685-2453