

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90004 004 ***150.00

DOCUMENT # P02000117093

1. Entity Name
TONEY DIVERSIFIED SALES, INC.



Principal Place of Business
**14060 NW 19 AVENUE
MIAMI, FL 33054**

Mailing Address
**14060 NW 19 AVENUE
MIAMI, FL 33054**

J4064441



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

43-1980923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

TONEY, JANE W

Street Address (P.O. Box Number is Not Acceptable)

City

**14060 N.W. 19 Ave
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**CEOD
TONEY, JANE W
14060 NW 19 AVENUE
MIAMI, FL 33054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TONEY, ROBERT C
14060 NW 19 AVENUE
MIAMI, FL 33054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ROBINSON, TERRY W
14060 NW 19 AVENUE
MIAMI, FL 33054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, DARLENE T
14060 NW 19 AVENUE
MIAMI, FL 33054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LUNDELIUS, WALTER D SR.
5 NORTH BEST POINT
INVERNESS, FL 344501452** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

TITLE
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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