

FILED
May 25, 2005 8:00 am
Secretary of State

04-22-2005 90292 030 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000031705			
1. Entity Name TOUCHTON ENTERPRISES INC.			
Principal Place of Business 1826 BRUCE ST KISSIMMEE, FL 34741		Mailing Address 1826 BRUCE ST KISSIMMEE, FL 34741	
2. Principal Place of Business 3167 W. Vine St Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State	
Zip 34741	Country USA	Zip	Country
4. FEI Number 82-0581741		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOUCHTON, BARBARA J 1826 BRUCE ST KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>William A. Touchton</u> DATE: <u>5/18/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TOUCHTON, BARBARA J 1826 BRUCE ST KISSIMMEE, FL 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST TOUCHTON, WILLIAM A JR 1826 BRUCE ST KISSIMMEE, FL 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: <u>William A. Touchton</u> <u>William A. Touchton</u> <u>5/18/05</u> <u>407-847-7219</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			