

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2008 8:00 am
Secretary of State

08-20-2008 90002 001 ***150.00

DOCUMENT # P03000087567

1. Entity Name
TOADVINE TRUSTED ADVISORS, INC.



Principal Place of Business
**6726 HIGHLANDS CRK LOOP
LAKELAND, FL 33813 US**

Mailing Address
**POB 5251
LAKELAND, FL 33807 US**

40113939



08182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3686624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOADVINE, NICOLAS
6726 HIGHLANDS CRK LOOP
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TOADVINE, NICOLAS
6726 HIGHLANDS CRK LOOP
LAKELAND, FL 33813**

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IN THIS SPACE**

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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-08

Date

8636656125

Daytime Phone #