

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90013 042 ***150.00

DOCUMENT # P03000101379

1. Entity Name

TOOR & COMPANY INC



Principal Place of Business

7409 HWY 22 & STAR AVE
PANAMA CITY FL 32404

Mailing Address

7409 HWY 22 & STAR AVE
PANAMA CITY FL 32404

54069309



MOORE

CR2E034 (4/04)

2. Principal Place of Business

7409 - HWY 22 & STAR AV.

3. Mailing Address

7409 - HWY 22 & STAR AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL.

City & State

PANAMA CITY FL.

4. FEI Number

13-4264581

Applied For

Not Applicable

Zip

32404

Country

Zip

32404

Country

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

TOOR, IJAZ UL HAQ
7409 HIGHWAY 22 & STARR AVENUE
CALLAWAY FL 32404

Name

N/A

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

[Signature]

IJAZ UL HAQ TOOR D

20 AUG '04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 **D** ☐ Delete
NAME **TOOR, IJAZ UL HAQ**
STREET ADDRESS **7409 HIGHWAY 22 & STARR AVENUE**
CITY-ST-ZIP **CALLAWAY FL 32404**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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]

IJAZ UL HAQ TOOR D

20 AUG '04

850-215-7412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #