

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90020 017 \*\*\*150.00

**DOCUMENT # P03000101427**

1. Entity Name

TORES DIVER SUPPLY, INC.



Principal Place of Business

7238 ROOKS DR  
WESLEY CHAPEL FL 33544.

Mailing Address

PO BOX 7731  
WESLEY CHAPEL FL 33544



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

13-4266601

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

TORES, DEBRA  
7238 ROOKS DR  
WESLEY CHAPEL FL 33544

Name

Debra Torres  
Street Address (P.O. Box Numbers Not Acceptable)

7238 ROOKS DR

Wesley Chapel  
City

FL

Zip Code

33545

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 state of application.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PT	<input type="checkbox"/> Delete
NAME	TORES, YOHOSHUA	
STREET ADDRESS	7238 ROOKS DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TORES, DEBRA	
STREET ADDRESS	7238 ROOKS DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Debra Torres*

Debra Torres

4-25-08

813-545-5369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone