


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90011 045 ***150.00

DOCUMENT # P03000109833	
1. Entity Name TOBY-DAVE, INC.	

Principal Place of Business 18860 U.S. HIGHWAY 19 NORTH SUITE 127 CLEARWATER, FL 33764	Mailing Address 18860 U.S. HIGHWAY 19 NORTH SUITE 127 CLEARWATER, FL 33764
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2. Principal Place of Business 18860 U.S. Hwy 19N	3. Mailing Address 18860 U.S. Hwy 19N
Suite, Apt. #, etc. SUITE 127	Suite, Apt. #, etc. SUITE 127
City & State CLEARWATER FL	City & State CLEARWATER, FL
Zip 33764	Country U.S.

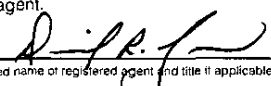
01192004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0209671	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.
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6. Name and Address of Current Registered Agent JONES, DAVID R 18860 U.S. HIGHWAY 19 NORTH SUITE 127 CLEARWATER, FL 33764	
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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 	DATE 1/19/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D.P.	<input type="checkbox"/> Delete	TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JONES, DAVID R		NAME JONES, Toby W.	
STREET ADDRESS 18860 U.S. HIGHWAY 19 NORTH, STE. 127		STREET ADDRESS 18860 U.S. Hwy 19 N, STE 127	
CITY-ST-ZIP CLEARWATER, FL 33764		CITY-ST-ZIP CLEARWATER, FL 33764	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.	
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SIGNATURE: 	DATE 1/19/04	DAYTIME PHONE # 352-572-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		