


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000122727 1. Entity Name TERRY L. TOROK, INC.		
Principal Place of Business P.O. BOX 3882 HAINES CITY FL 33845		Mailing Address PO BOX 3882 HAINES CITY FL 33845
2. Principal Place of Business P.O. Box 3882 Suits, Apt. #, etc.	3. Mailing Address P.O. Box 3882 Suite, Apt. #, etc.	
City & State Haines City	City & State Haines City FL	
Zip 33845	Country U.S.	Zip 33845
Country U.S.		Country U.S.
4. FEI Number 20-0353368		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TOROK, TERRY L 2634 PINNER AVE P.O. BOX 3882 HAINES CITY FL 33845		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fee
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P <input type="checkbox"/> Delete	NAME TOROK, TERRY L	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS P.O. BOX 3882	CITY-ST-ZIP HAINES CITY FL 33845	NAME 070000464341
TITLE <input type="checkbox"/> Delete	NAME 	STREET ADDRESS 03/21/06-80112-012 150.00
STREET ADDRESS 	CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete	NAME 	STREET ADDRESS
STREET ADDRESS 	CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete	NAME 	STREET ADDRESS
STREET ADDRESS 	CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS 	CITY-ST-ZIP 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add



1st MOORE CR2E034 (10/05)

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070000464341
03/21/06-80112-012 150.00

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