

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90039 017 ***150.00

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03162006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000146871			
1. Entity Name TOSELAND CONSTRUCTION INC.			
Principal Place of Business 4411 HOMEWOOD LANE LAKELAND, FL 33811 US		Mailing Address 4411 HOMEWOOD LANE LAKELAND, FL 33811 US	
2. Principal Place of Business 1310 PACES TRAIL Suite, Apt. #, etc.		3. Mailing Address 1310 PACES TRAIL Suite, Apt. #, etc.	
City & State LAKELAND Florida		City & State Lakeland Florida	
Zip 33809	Country U.S.A.	Zip 33809	Country U.S.A.
4. FEI Number 20-0450549		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOSELAND, MICHAEL E 4411 HOMEWOOD LANE LAKELAND, FL 33811		7. Name and Address of New Registered Agent Name Michael E. Toseland Street Address (P.O. Box Number is Not Acceptable) 1310 Paces Trail City Lakeland FL Zip Code 33809	
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 <u>MICHAEL E TOSELAND</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>03-16-06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOSELAND, MICHAEL E 4411 HOMEWOOD LANE LAKELAND, FL 33811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael E. Toseland 1310 Paces Trail Lakeland FL 33809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>MICHAEL E TOSELAND</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03-16-06 8637384604 Date Daytime Phone #	