

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90160 044 \*\*\*150.00

<b>DOCUMENT # P04000026647</b> 1. Entity Name <b>TOSHIKO ONE STOP PAMPERING INC</b>					
Principal Place of Business <b>5861 ST.SUGUSTINE RD JACKSONVILLE, FL 32207 US</b>			Mailing Address <b>5861 ST.SUGUSTINE RD JACKSONVILLE, FL 32207 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1338 Highlands Dr. N Jacksonville, FL</b>			
City & State		City & State			
Zip		Country		Zip	
32218		32218		32218	
6. Name and Address of Current Registered Agent  <b>MOULTRIE, TOSHIKO L 5861 ST. AUGUSTINE RD JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number <b>20-073-4142</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
8.75 Additional Fee Required			04292005 Chg-P CR2E034 (10/03)		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOULTRIE, TOSHIKO L 5861 ST. AUGUSTINE RD JACKSONVILLE, FL 32207		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	
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	
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 exemption stated in Section 119.07(3)(f), 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 507, 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: <b>Toshiba 2. Moultrie - President</b>			Date: <b>4/29/05</b> 904 866-3070		

ATTACHMENT

66021989

#P04000026647

1338 Shepley Dr. W.

Jacksonville, FL 32218

904-866-3070

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern of Joshua 2.  
Neulter resubmitting the attach document.

I have printed the FEI number on this  
document and resubmitting to your faculty.

The address have changed moving to new location

On August please submit all mail to  
the address listed above.

Thank you!

Joshua 2. Neulter,  
President