

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 012 ***150.00

DOCUMENT # P04000097793 1. Entity Name THE TOBI COMPANY OF CENTRAL FLORIDA, INC.			
Principal Place of Business 2908 E. MCBERRY ST. TAMPA, FL 33680		Mailing Address 2908 E. MCBERRY ST. TAMPA, FL 33680	
2. Principal Place of Business - No P.O. Box # 2908 E. MCBERRY ST. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 11705 Suite, Apt. #, etc.	
City & State TAMPA, FL. Zip 33610		City & State TAMPA, FL. Zip 33680	
4. FEI Number 20-1305456		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 TOBI, JOSEPH 2908 E. MCBERRY ST. TAMPA, FL 33680		7. Name and Address of New Registered Agent Name TOBI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2402 S. TRASK ST. City TAMPA FL 33629	
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 changing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 TOBI, JOSEPH 514 RIVIERA DRIVE TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOBI, JOSEPH 2402 S. TRASK ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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: JOSEPH C. TOBI		4/18/07 (813) 477-3508	