

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000122553

FILED
Jun 12, 2007
Secretary of State

Entity Name: TOBIAS FAMILY ENTERPRISES, INC.

Current Principal Place of Business:

6906 EAST FOWLER AVENUE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

6906 EAST FOWLER AVENUE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 83-0404587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBIAS, KIMBERLY G
6906 EAST FOWLER AVENUE
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

TOBIAS, SHAWN M
6906 EAST FOWLER AVENUE
TAMPA, FL 33617 US

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.

SIGNATURE: SHAWN M TOBIAS

06/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOBIAS, KIMBERLY G
Address: 18921 CRESCENT ROAD
City-St-Zip: ODESSA, FL 33556

Title: VP (X) Delete
Name: TOBIAS, SHAWN M
Address: 18921 CRESCENT ROAD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOBIAS, SHAWN M
Address: 18921 CRESCENT ROAD
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN M TOBIAS

P

06/12/2007

Electronic Signature of Signing Officer or Director

Date