

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90015 004 \*\*\*150.00



**DOCUMENT # P05000027463**

1. Entity Name

TORIA LAKES, INC.

Principal Place of Business

ONE SAN JOSE PLACE  
 SUITE 7  
 JACKSONVILLE FL 32257  
 US

Mailing Address

ONE SAN JOSE PLACE  
 SUITE 7  
 JACKSONVILLE FL 32257  
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State

City & State

4. FEI Number **20-2416686**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH; VERNON H JR.  
 ONE SAN JOSE PLACE  
 SUITE 7  
 JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P, D  Delete  
 NAME: SMITH, VERNON H JR.  
 STREET ADDRESS: ONE SAN JOSE PLACE, SUITE 7  
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VP D  Delete  
 NAME: DUNGEY, MARY L  
 STREET ADDRESS: ONE SAN JOSE PLACE, SUITE 7  
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ST D  Delete  
 NAME: SMITH, EMILY B  
 STREET ADDRESS: ONE SAN JOSE PLACE, SUITE 7  
 CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME: **TAYLOR C. DAY**  
 STREET ADDRESS: **ONE SAN JOSE PL. # 7**  
 CITY-ST-ZIP: **JACKSONVILLE, FL. 32257**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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: Mary Louise Dungey 04/25/08 904-268-9990  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #