

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90083 048 ***150.00

DOCUMENT # P05000032847

1. Entity Name
T.O.H.C., INC.



Principal Place of Business

6047 KIMBERLY BLVD.
Q
N. LAUDERDALE, FL 33068

Mailing Address

3842 NW 62ND ST.
COCONUT CREEK, FL 33073

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

2000 Banks Rd.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

Marietta

City & State

Zip

33063

Country

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-2440442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIGHTMAN, SHARON
3842 NW 62ND ST.
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KING, DIANE
STREET ADDRESS 3842 NW 62ND ST.
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE D ☐ Delete
NAME LIGHTMAN, SHARON
STREET ADDRESS 3842 NW 62ND ST.
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE D ☐ Delete
NAME CLARK, CHRISTINE
STREET ADDRESS 3842 NW 62ND ST.
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 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

Sharon Lightman

4/30/07