

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

05-25-2007 90026 038 \*\*\*150.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # P05000130406</b><br>1. Entity Name<br><b>MT TORO, INC.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>2899 COUNTRY CLUB BOULEVARD<br/>ORANGE PARK, FL 32073</b>  |   |  | Mailing Address<br><b>2899 COUNTRY CLUB BOULEVARD<br/>ORANGE PARK, FL 32073</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   |  |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br><b>04-3828179</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>A1A REGISTERED AGENT INC.<br/>92 SADBERRY RD.<br/>QUINCY, FL 32351</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE <u>MARTIN SIMS</u> <u>Martin Sims</u> <u>5/10/7</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CEO<br>SIMS, MARTIN<br>2899 COUNTRY CLUB BOULEVARD<br>ORANGE PARK, FL 32073 | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>SIMS, TERRY<br>2899 COUNTRY CLUB BOULEVARD<br>ORANGE PARK, FL 32073   | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  |   |  |  |
| 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: <u>Martin Sims</u> <u>Martin Sims</u> <u>5/10/7</u> <u>907 716 4110</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |   |  |  |



ATTACHMENT  
50001563  
Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

P05000130406

Business Entity Name

MT TORO, INC.

FEI Number

043828179

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

## Principal Place of Business

Address 2899 COUNTRY CLUB BOULEVARD

Suite, Apt. #, etc.

City, State ORANGE PARK, FL

Zip Code &amp; Country 32073

## Mailing Address

Address 2899 COUNTRY CLUB BOULEVARD

Suite, Apt. #, etc.

City, State ORANGE PARK, FL

Zip Code &amp; Country 32073

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

Sims Martin E MR

- OR -

Business to serve as RA

Martin Sims

Address (PO Box is not acceptable) 2899 Country Club Blvd.

Suite, Apt. #, etc.

City, State Orange Park, FL

Zip Code &amp; Country 32073 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

500015-63

#P65000136406

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title CEOD  
Name (Last, First, Middle, Title) SIMS, MARTIN

- OR -

Entity Name to serve as  
Officer/Director

Street Address 2899 COUNTRY CLUB BOULEVARD  
City, State ORANGE PARK, FL  
Zip Code & Country 32073

Title PD  
Name (Last, First, Middle, Title) SIMS, TERRY

- OR -

Entity Name to serve as  
Officer/Director

Street Address 2899 COUNTRY CLUB BOULEVARD  
City, State ORANGE PARK, FL  
Zip Code & Country 32073

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address  
City, State  
Zip Code & Country

Title

ATTACHMENT

500015-63  
#P65600130406

THIS WAS SENT  
BACK TO ME. I TALKED  
TO EVLA AND SHE  
SAID TO SIGN OFF  
WHICH I DID

THANKS,

MARTIN SIKK  
904 716 4100

ATTACHMENT #P65000136406

hp officejet 5500 series 5510v

Personal Printer/Fax/Copier/Scanner

Log for  
Terry Sims, Aflac  
904 213 0124  
5/17/2007 8:13AM

50001563

---

Last Transaction

| Date  | Time   | Type     | Identification | Duration | Pages | Result |
|-------|--------|----------|----------------|----------|-------|--------|
| 05/17 | 08:11a | Fax Sent | 18502456017    | 2:18     | 5     | OK     |

---