
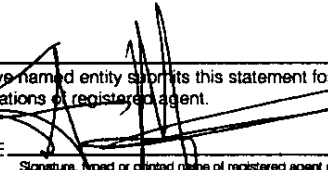


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90049 029 \*\*\*158.75

<b>DOCUMENT # P06000087471</b>		
1. Entity Name <b>TONER MANAGEMENT SYSEMS, INC.</b>		
Principal Place of Business <b>3855 N.W. DEAR OAK DRIVE JENSEN BEACH, FL 34957</b>		Mailing Address <b>3855 N.W. DEAR OAK DRIVE JENSEN BEACH, FL 34957</b>
2. Principal Place of Business - No P.O. Box <b>3855 NW DEER OAK DR</b>		3. Mailing Address <b>PO Box 1670</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Jensen Beach, FL</b>		City & State <b>Jensen Beach, FL</b>
Zip <b>34957</b>		Zip <b>34958</b>
Country		Country
6. Name and Address of Current Registered Agent <b>MIGNANI, STEPHEN J 3855 N.W. DEAR OAK DRIVE JENSEN BEACH, FL 34957</b>		
7. Name and Address of New Registered Agent Name: <b>MAGNANI, Stephen J</b> Street Address (P.O. Box Number is Not Acceptable): <b>3855 NW DEER OAK DR</b> City: <b>Jensen Beach</b> FL Zip Code: <b>34957</b>		
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:  <b>Stephen J MAGNANI</b> 7-5-07 (NOTE: Registered Agent signature required when reinstating)		



07052007 Chg-P CR2E034 (12/06)

4. FEI Number **205147902** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>MIGNANI, STEPHEN J</b> <b>3855 N.W. DEAR OAK DRIVE</b> <b>JENSEN BEACH, FL 34957</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>MAGNANI, Stephen J</b> <b>PO Box 1670</b> <b>Jensen Bch, FL 34958</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>MIGNANI, DONNA J</b> <b>3855 N.W. DEAR OAK DRIVE</b> <b>JENSEN BEACH, FL 34957</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>MAGNANI, Donna J</b> <b>PO Box 1670</b> <b>Jensen Bch, FL 34958</b>
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
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
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen J MAGNANI** 7-5-2007

Date

Daytime Phone #