

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90167 047 ***150.00

DOCUMENT # P94000008131

1. Entity Name

TOY BUILDERS, INC.



Principal Place of Business
13170-58 ATLANTIC BLVD.
SUITE 153
JACKSONVILLE, FL 32225

Mailing Address
13170-58 ATLANTIC BLVD.
SUITE 153
JACKSONVILLE, FL 32225

04053004



2. Principal Place of Business

1555 N. CARBONDALE DR

3. Mailing Address

P.O. Box 2133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052004

Chg-P

CR2E034 (10/03)

City & State

JAX, FL

City & State

CALLAHAN, FL

4. FEI Number

59-3218350

Applied For

Not Applicable

Zip

32208

Country

Zip

32011

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOY, STANLEY R
1555 N. CARBONDALE DR.
JACKSONVILLE, FL 32208

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
Due by September 8, 2004

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TOY, C. GEORGETTE
1555 N. CARBONDALE DRIVE
JACKSONVILLE, FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
TOY, STANLEY R
1555 N. CARBONDALE DRIVE
JACKSONVILLE, FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TOY, RYAN J.
180 BOX TREE COURT
JACKSONVILLE, FL 32225 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

STANLEY R TOY

4-30-04

904-768-0218

Date

Daytime Phone #