


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000071965**

1. Entity Name  
**TOBY'S TOY BOX, INC.**



Principal Place of Business 4165 DOW RD STE 36 MELBOURNE, FL 32934 US	Mailing Address 4255 AURORA RD MELBOURNE, FL 32934 US
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3271711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHANCEY, JAMES S  
 4255 AURORA RD  
 MELBOURNE, FL 32934

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000124992  
 04/22/04-80066-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANCEY, STACY 2175 BRIDLE PATH MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANCEY, JAMES 2175 BRIDLE PATH MELBOURNE, FL 32935
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Stacy Chancey STACY CHANCEY 7-2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #