

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000003553

1. Entity Name
TOL FURNITURE, INC.



Principal Place of Business
**3694 23 AVE SOUTH BAY 7
LAKE WORTH, FL 33461**

Mailing Address
**3694 23 AVE SOUTH BAY 7
LAKE WORTH, FL 33461**



04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0548289** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZOGG, LEONHARD J
3694 23RD AVENUE SOUTH, BAY 7
LAKE WORTH, FL 33461**

**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 _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZOGG, LEONHARD JR
STREET ADDRESS	3694 23 AVE SOUTH BAY 7
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	P
NAME	ZOGG, LEONHARD J
STREET ADDRESS	3694 23 AVENUE SOUTH, BAY 7
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	ST
NAME	ZOGG, LEONHARD J
STREET ADDRESS	3694 23 AVENUE SOUTH, BAY 7
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80038-004 150.00

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IN THIS SPACE**

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 807, 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 SIGNED OFFICER OR DIRECTOR

4-25-05 **5615333366**
Date Daytime Phone #