


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000000259
 1. Entity Name
 TOHO, INC.



Principal Place of Business Mailing Address
 3658 SOUTH ST. LUCIE DRIVE 3658 SOUTH ST. LUCIE DRIVE
 CASSELBERRY, FL 32707-5532 CASSELBERRY, FL 32707-5532

DO NOT WRITE IN THIS SPACE



02132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3352689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BECHER, JEFFREY D
 3658 S. ST. LUCIE DRIVE
 CASSELBERRY, FL 32707

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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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BECHER, JEFFREY D 3658 S. ST. LUCIE DR. CASSELBERRY, FL 327075532
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 02/16/05-80083-020 150.00

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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 trustee 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 information.

SIGNATURE:  2/13/05 (407) 221-7595
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #