

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91210 049 ***150.00

DOCUMENT # P96000044780

1. Entity Name
TONY BALLOONY, INC.



Principal Place of Business
**3032 SAVANNAH WAY
MELBOURNE, FL 32935**

Mailing Address
**P O BOX 61923
PALM BAY, FL 32906**

24066201



2. Principal Place of Business

4820 Lake Ontario Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 61923
Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

Cocoa FL

City & State

Palm Bay FL

4. FEI Number

59-3378458

Applied For

Not Applicable

Zip

32926

Country

USA

Zip

32906

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHOBERT, TONY JR
3032 SAVANNAH WAY
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name **Tony Shobert Jr.**

Street Address (P.O. Box Number is Not Acceptable)

4820 Lake Ontario Dr

City **Cocoa**

FL

Zip Code **32926**

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

Tony Shobert Jr.

Tony Shobert Jr. Reg Agent 4/27/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **SHOBERT, TONY JR.**
STREET ADDRESS **3032 SAVANNAH WAY #107**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S/T** ☒ Change ☐ Addition
NAME **Shobert, Tony Jr.**
STREET ADDRESS **4820 Lake Ontario Dr.**
CITY-ST-ZIP **Cocoa, FL 32926**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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)(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:

Tony Shobert Jr. **Tony Shobert Jr. Pres 4/27/04 960-5471**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #