



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90004 036 \*\*\*150.00

<b>DOCUMENT # P97000016654</b>					
<b>1. Entity Name</b> <b>TOBIN'S BEVERAGE EQUIPMENT, INC.</b>					
<b>Principal Place of Business</b> <b>8111 W BEAVER ST</b> <b>JACKSONVILLE, FL 32220</b>			<b>Mailing Address</b> <b>8111 W BEAVER ST</b> <b>JACKSONVILLE, FL 32220</b>		
<b>2. Principal Place of Business</b> <b>7033 COMMONWEALTH AVE</b>		<b>3. Mailing Address</b> <b>7033 COMMONWEALTH AVE</b>			
Suite, Apt. #, etc. <b>Suite 12</b>		Suite, Apt. #, etc. <b>Suite 12</b>		03202006    Chg-P    CR2E034 (11/05)	
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		<b>4. FEI Number</b> <b>59-3428855</b>	
Zip <b>32220</b>		Zip <b>32220</b>		Country <b>USA</b>	
Country <b>USA</b>		Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>TOBIN, LARRY J</b> <b>10677 OLD PLANK ROAD</b> <b>JACKSONVILLE, FL 32220</b>				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TOBIN, LARRY J</b> <b>10677 OLD PLANK ROAD</b> <b>JACKSONVILLE, FL 32220</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>TOBIN, CHERYL D</b> <b>10677 OLD PLANK ROAD</b> <b>JACKSONVILLE, FL 32220</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Cheryl D. Tobin</i>			<b>CHERYL D. Tobin</b> 3/20/06    904-378-9811		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		