

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90339 048 \*\*\*158.75

**DOCUMENT # P97000059459**

1. Entity Name  
TOAB, INC.



Principal Place of Business  
1350 E. NEWPORT CENTER  
SUITE 206  
DEERFIELD BEACH, FL 33442

Mailing Address  
PO BOX 4219  
DEERFIELD BEACH, FL 33442-4219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0769045

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAY, JAMES  
11505 FAIRCHILD GARDENS AVE  
SUITE 203  
PALM BEACH GARDENS, FL 33410

Name  
KAY LAW OFFICES

Street Address (P.O. Box Number is Not Acceptable)  
c/o JAMES R. KAY, ESQUIRE

700 VILLAGE SQUARE CROSSING, STE 102B

City  
PALM BEACH GARDENS, FL

Zip Code  
33410

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, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
REIBLING, LORENEZ  
1350 E. NEWPORT CENTER DR. STE 206  
DEERFIELD BCH, FL 33442 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
REIBLING, GUENTHER  
1350 E. NEWPORT CENTER DR. STE 206  
DEERFIELD BCH, FL 33442 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPAS  
KASSOF, LINDA G  
1350 E. NEWPORT CENTER DR. STE 206  
DEERFIELD BCH, FL 33442 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
REIBLING, LORENZ ☒ Change ☐ Addition

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

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

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:

*Linda G. Kassof*  
LINDA G. KASSOF  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2004  
Date

(954) 428-4585  
Daytime Phone #