


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90461 006 ***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	4. FEI Number 65-0769045	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAY LAW OFFICES C/O JAMES R. RAY, ESQUIRE 700 VILLAGE SQUARE CROSSING, STE. 102B PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name: <u>Kay Law Offices</u> Street Address (P.O. Box Number is Not Acceptable): <u>c/o James R. Ray, Esquire</u> <u>700 Village Square Crossing, Ste. 102B</u> <u>Palm Beach Gardens</u> FL Zip Code: <u>33410</u>		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REIBLING, LORENZ 1350 E. NEWPORT CENTER DR. STE 206 DEERFIELD BCH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP REIBLING, GUENTHER 1350 E. NEWPORT CENTER DR. STE 206 DEERFIELD BCH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS KASSOF, LINDA G 1350 E. NEWPORT CENTER DR. STE 206 DEERFIELD BCH, FL 33442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u>Linda G. Kassof</u> 04/22/2005 (954) 428-4585					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					