

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000069636

1. Entity Name  
TOFFALETTI INVESTMENTS, INC.



Principal Place of Business  
1301 RIVERPLACE BLVD  
SUITE 1609  
JACKSONVILLE, FL 32207

Mailing Address  
1301 RIVERPLACE BLVD  
SUITE 1609  
JACKSONVILLE, FL 32207



03092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3469127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PEEK, DAVID H  
1301 RIVERPLACE BLVD  
SUITE 1609  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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

UD0000094678  
03/23/04-80006-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TOFFALETTI, JOHN G
STREET ADDRESS	3511 COURTLAND DR
CITY-ST-ZIP	DURHAM, NC 27707
TITLE	D
NAME	TOFFALETTI, LOUIS P
STREET ADDRESS	7524 HANNAH ALEXANDER LN
CITY-ST-ZIP	CHARLOTTE, NC 28227
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*John G. Toffaletti*

JOHN G TOFFALETTI

Mar 16, 2004 919 684-4754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #