


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000081014 1. Entity Name MARGARET TOOLE ASSOCIATES, INC.		
Principal Place of Business 325 NORTH CAUSEWAY APT A202 NEW SMYRNA BEACH, FL 32169	Mailing Address 325 NORTH CAUSEWAY APT A202 NEW SMYRNA BEACH, FL 32169	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TOOLE, MARGARET 325 NORTH CAUSEWAY APT A-202 NEW SMYRNA BEACH, FL 32169		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOOLE, MARGARET 325 NORTH CAUSEWAY APT A-202 NEW SMYRNA BEACH, FL 32169	
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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.		
SIGNATURE: <u>Margaret Toole</u> MARGARET TOOLE PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date: _____ Daytime Phone #: _____		



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3494121	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000544733
05/11/06-80047-020 150.00

**DO NOT WRITE
IN THIS SPACE**

4-26-06
Call. 1-386-689-
2642