

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 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**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3494121

Applied For
Not Applicable

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

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000947698
06/02/08-80023-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOOLE, MARGARET
STREET ADDRESS	325 NORTH CAUSEWAY APT A-202
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	NA
NAME	NA
STREET ADDRESS	NA
CITY-ST-ZIP	NA
TITLE	NA
NAME	NA
STREET ADDRESS	NA
CITY-ST-ZIP	NA
TITLE	NA
NAME	NA
STREET ADDRESS	NA
CITY-ST-ZIP	NA

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARGARET TOOLE

386-428-
4-26-2008 3779