2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90374 045 ***150.00

DOCUMENT # P99000042992

1. Entity Name
TOLSON ENTERPRISES, INC.

2. Principal Place of Business	3. Mailing Address
1561 N. Kepler Rd. DeLand, FL 32724	1561 N. Kepler Rd. DeLand, FL 32724
Principal Place of Business - No P.O. Box #	Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3575042 — 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
TOLSON, ROBERT C SR 287 N HIGH STREET LAKE HELEN FL 32744	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
Title Name Address City-St-Zip	PD TOLSON, DONNA 287 N HIGH STREET LAKE HELEN FL 32744 ☐ Delete	Title Name Address City-St-Zip	☐ Change ☐ Add
Title Name Address City-St-Zip	VP TOLSON, ROBERT C SR 287 N HIGH STREET LAKE HELEN FL 32744 ☐ Delete	Title Name Address City-St-Zip	☐ Change ☐ Add
Title Name Address City-St-Zip	☐ Delete	Title Name Address City-St-Zip	☐ Change ☐ Add
Title Name Address City-St-Zip	☐ Delete	Title Name Address City-St-Zip	☐ Change ☐ Add
Title Name Address City-St-Zip	☐ Delete	Title Name Address City-St-Zip	☐ Change ☐ Add
Title Name Address City-St-Zip	☐ Delete	Title Name Address City-St-Zip	☐ Change ☐ Add

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.