


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90013 005 ***150.00

DOCUMENT # P99000062007 1. Entity Name TOVIC CORP.	
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Principal Place of Business 36421 LANSON AVENUE DADE CITY, FL 33525	Mailing Address 36421 LANSON AVENUE DADE CITY, FL 33525
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3586802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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: Vicki A Smith Vicki A Smith DATE: 1-4-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SMITH, VICKI A 36421 LANSON AVENUE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELLIS, LESLIE D JR 36421 LANSON AVENUE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, THOMAS E 36421 LANSON AVE DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: Vicki A Smith Vicki A Smith DATE: 1-4-08 DAYTIME PHONE: 352-5675633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR