

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S04450**

1. Entity Name

AVIROM-TOLTON & ASSOCIATES, INC.



Principal Place of Business

2887 TAMiami TRAIL EAST  
SUITE 5  
NAPLES, FL 34112 US

Mailing Address

50 S.W. 2ND AVENUE  
SUITE 102  
BOCA RATON, FL 33432 US



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0221492

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

AVIROM, MICHAEL D.  
581 GOLDEN HARBOR DR  
BOCA RATON, FL 33432

**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

U000000093507  
03/22/04-80020-014 158.75

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME AVIROM, MICHAEL D  
STREET ADDRESS 581 GOLDEN HARBOUR DR  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE PST  
NAME AVIROM, MICHAEL D  
STREET ADDRESS 581 GOLDEN HARBOUR DR  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VD  
NAME TOLTON, CHARLES, E  
STREET ADDRESS 6068 HOLLOW DRIVE  
CITY-ST-ZIP NAPLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(f), 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

Michael D. Avirom 3/10/04 (561) 392-2594

Date

Daytime Phone #