2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S87221

1. Entity Name
TOBOLSKI, INC.

Principal Place of Business	Mailing Address
2980 NW 21ST CT FT LAUDERDALE, FL 33311-3212	2980 NW 21ST CT FT LAUDERDALE, FL 33311-3212

DO NOT WRITE IN THIS SPACE

04222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1839390	Not Applicable

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

6. Name and Address of Current Registered Agent

PARKE, CHARLES S SR
2980 NW 21ST CT
FT LAUDERDALE, FL 33311

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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, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	PARKE, CHARLES S SR
STREET ADDRESS	2980 NW 21ST CT
CITY-ST-ZIP	FT LAUDERDALE, FL

TITLE	ST
NAME	PARKE, CYNTHIA D
STREET ADDRESS	2980 NW 21 CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80021-008 158.75

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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: _Cynthia D. Parke_ Secretary/Treas 4/25/7   954-593-0276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #