

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90318 006 \*\*\*150.00

**DOCUMENT # S97084**

1. Entity Name  
1-800-TOILETS, INC.



Principal Place of Business  
7451 NW 63 ST  
MIAMI, FL 33166-3603 US

Mailing Address  
7451 NW 63 ST  
MIAMI, FL 33166-3603 US

14013393



04122004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0300534

Applied For  
Not Applicable

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

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCNABB, TERRENCE	
STREET ADDRESS	31 MIDDLESEX RD	
CITY-ST-ZIP	MANSFIELD, MA 02048	
TITLE	CT	<input type="checkbox"/> Delete
NAME	PARLENGAS, RONALD	
STREET ADDRESS	18 RED GAP ROAD	
CITY-ST-ZIP	WILBRAHAM, MA 01095	
TITLE	AC	<input checked="" type="checkbox"/> Delete
NAME	CRABTREE, LYNNDA	
STREET ADDRESS	1 OVERLAND STREET	
CITY-ST-ZIP	FITCHBURG, MA 01420	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMAY, SCOTT	
STREET ADDRESS	535 SOUTH STREET	
CITY-ST-ZIP	FITCHBURG, MA 01420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HITCHNER, DOUGLAS	
STREET ADDRESS	56B FOREST DRIVE	
CITY-ST-ZIP	SPRINGFIELD, NJ 07081	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KWAIT, BRIAN	
STREET ADDRESS	75 ROCK MAPLE ROAD	
CITY-ST-ZIP	GREENWICH, CT 06830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

*Row m P...* 4/13/04 508-594-2616