


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 035 ***150.00

DOCUMENT # V67014		
1. Entity Name ROBERT J. TOTH LANDSCAPING, INC.		

Principal Place of Business 5503 FIRST AVENUE DRIVE, N.W. BRADENTON, FL 34209	Mailing Address 5503 FIRST AVENUE DRIVE, N.W. BRADENTON, FL 34209
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40019190



2. Principal Place of Business - No P.O. Box # 7000 249th St. E	3. Mailing Address 7000 249th St E
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02082007 Chg-P CR2E034 (12/06)

City & State MYAKKA FL	City & State MYAKKA FL
Zip 34251	Country USA
Zip 34251	Country USA

4. FEI Number 65-0365396	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOTH, ROBERT J 5503 FIRST AVENUE DRIVE, N.W. BRADENTON, FL 34209	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7000 249th St. E City MYAKKA FL Zip Code 34251
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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: Robert J. Toth 02/13/07
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOTH, ROBERT T 5503 FIRST AVENUE DRIVE, N.W. BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000 249th St. E MYAKKA FL 34251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J. Toth 02/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #