

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # H63837 1. Entity Name TIER, INCORPORATED	
---	---

Principal Place of Business 12716 WILDERNESS LANE WEST JACSKONVILLE FL 32258	Mailing Address 12716 WILDERNESS LANE WEST JACSKONVILLE FL 32258
--	--



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-2553747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOWE, TERRY D. 2955 HARTLEY ROAD SUITE 205 JACKSONVILLE FL 32217	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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE	PD SPANER, JOSEPH LEE <input type="checkbox"/> Delete
NAME	12716 WILDERNESS LANE W JACKSONVILLE FL
STREET ADDRESS	JACKSONVILLE FL
CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> Delete
NAME	HULSBERG, JOHN S.
STREET ADDRESS	6476 HYDEGROVE JACKSONVILLE FL
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> Delete
NAME	CRITES, WILSON W.
STREET ADDRESS	12710 LONGVIEW DR., E. JACKSONVILLE FL
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> Delete
NAME	CRITES, MARTHA B.
STREET ADDRESS	12710 LONGVIEW DR., E. JACKSONVILLE FL
CITY- ST- ZIP	JACKSONVILLE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000312396
STREET ADDRESS	04/18/05-80082-013 150.00
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: Joseph L Spaner President 4-14-05 904 268-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #