2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90055 015 ***158.75

DOCUMENT # J11296

1. Entity Name
WILLIAM E. TULLY, III, INC.

Principal Place of Business	Mailing Address
10625 QUAIL RIDGE DR ~~SAINT AUGUSTINE FL 32095~~ US PONTE VEDRA FL 32081	10625 QUAIL RIDGE DR ~~SAINT AUGUSTINE FL 32095~~ ~~US~~ PONTE VEDRA, FL 32081

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2688768 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TULLY, WILLIAM E., III 10625 QUAIL RIDGE DR ~~SAINT AUGUSTINE FL 32095~~ PONTE VEDRA, FL 32081	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 _____ 1-29-07
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V TULLY, WILLIAM E., JR. ~~2723 SUNNYBROOK RD~~ ~~JACKSONVILLE FL 32216~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☑ Addition 10625 QUAIL RIDGE DR PONTE VEDRA, FL 32081
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD TULLY, WILLIAM E. III 10625 QUAIL RIDGE DR ~~SAINT AUGUSTINE FL 32095~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☑ Addition PONTE VEDRA, FL 32081
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST TULLY, DONNA LYNN 10625 QUAIL RIDGE DR ~~SAINT AUGUSTINE FL 32095~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☑ Addition PONTE VEDRA, FL 32081
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 1-29-07 954-824-6371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #