

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # J50168

1. Entity Name
TALLY HO LOUNGE, INC.



Principal Place of Business
**10215 4TH ST EAST
SAINT PETERSBURG, FL 33706 US**

Mailing Address
**C/O ALBERT L. SUMMERTON
10215 4TH ST E.
TREASURE ISLAND, FL 33706-3111 US**



07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2711458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUMMERTON, ALBERT L.
10215 4TH ST E.
TREASURE ISLAND, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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

**000000767974
07/10/07-80027-009 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SUMMERTON, RUTH ANN
STREET ADDRESS	10215 4TH ST E.
CITY-ST-ZIP	TREASURE ISLAND, FL

TITLE	PD
NAME	SUMMERTON, ALBERT L.
STREET ADDRESS	10215 4TH ST E.
CITY-ST-ZIP	TREASURE ISLAND, FL

TITLE	ST
NAME	SUMMERTON, LORIE
STREET ADDRESS	10215 4TH ST. E.
CITY-ST-ZIP	TREASURE ISLAND, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Albert L. Summerton* **ALBERT L. SUMMERTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-2007

Date

(727) 709-4200

Daytime Phone #