

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 112910

1. Entity Name
PALLARDY-WATROUS INC



Principal Place of Business
**609 E. JACKSON STREET #200
TAMPA, FL 33602-1906**

Mailing Address
**609 E. JACKSON STREET #200
TAMPA, FL 33602-1906**

FILED
Jan 16, 2007 08:00 AM
Secretary of State



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0389150

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PALLARDY, LEE F., III
609 E JACKSON STREET, #200
TAMPA, FL 33602-1906**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000585984
01/16/07-80035-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PALLARDY, MAUDE F.
STREET ADDRESS 609 E JACKSON STREET 200
CITY-ST-ZIP TAMPA, FL 00000,

TITLE VDT
NAME PALLARDY, LEE F., III
STREET ADDRESS 609 E JACKSON STREET 200
CITY-ST-ZIP TAMPA, FL 00000,

TITLE S
NAME WALL, JOLENE K
STREET ADDRESS 609 E JACKSON ST, # 200
CITY-ST-ZIP TAMPA, FL 33602

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lee F. Pallardy, III

01/12/2007 (813) 221-3700

Date

Daytime Phone #