## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 149440** 

1. Entity Name ATTMORE-MENCH, INC.



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

2310 STATE STREET TAMPA, FL 33609

Mailing Address

P.O. BOX 4733 TAMPA, FL 33677



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P	CR2E034 (11/05)	
4. FEI Number	Applied F	or
59-0697538	Not Appli	cable
5. Certificate of Status Desire	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ATTMORE, WILLIAM R. 5802 GORDON ROAD TAMPA, FL 33611

## DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida ! am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title (	f applicable. (NOTE: Registere	1 Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATTMORE, WILLIAM R. 5802 GORDON ROAD TAMPA, FL				•
TITLE NAME STREET ADDRESS CITY-ST-2IP	VD ATTMORE,WILLIAM R 5802 GORDON RD. TAMPA, FL				U00000587726 01/17/07-80044-008 150.00
TITLE NAME STREET ADDRESS CHY-SI-ZIP	T ATTMORE WILLIAM R 5802 GORDON RD. TAMPA. FL		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			,		
12. I hereby o	certify that the information supplied with this fil	ling does not qualify for the exe	mptions cor	ntained in Chapter 11	9, Florida Statutes. I further certily that the information

12. Thereby certify that the information supplied with this filling does not quality 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 eath; 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11107

<u> 813.251-121</u>

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