

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90008 023 ***150.00

DOCUMENT # 155214

1. Entity Name
ABBOTT MILITARY TAILORS INC



Principal Place of Business
**200 S. PALAFOX STREET
PENSACOLA, FL 32502-5842 US**

Mailing Address
**200 S. PALAFOX STREET
PENSACOLA, FL 32502-5842 US**

40015759



2. Principal Place of Business - No P.O. Box #
200 S. Palafox Street

3. Mailing Address
200 S. Palafox Street

Suite, Apt. #, etc.

02092007 Chg-P CR2E034 (12/06)

City & State
Pensacola, FL 32502-5842

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Pensacola, FL 32502-5842

4. FEI Number
59-0597608

Applied For
☐ Not Applicable

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

Zip
32502-5842 Country
USA

Zip
32502-5842 Country
USA

6. Name and Address of Current Registered Agent
**BOND, WILLIAM A
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502**

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, 2007 Fee will be \$550.00**

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	SVP OWENS, NANCY W 200 S. PALAFOX STREET PENSACOLA, FL 325025842 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARREN, WILLIAM H III 200 S. PALAFOX STREET PENSACOLA, FL 325025842 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARREN, CHARLES M 200 S. PALAFOX STREET PENSACOLA, FL 325025842 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Bin Boll* AUTHORIZED REPRESENTATIVE 2-9-07 (850) 202-8533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #