

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 265624**

1. Entity Name  
**TILL OFFICE EQUIPMENT, INC.**



Principal Place of Business

**251 AVE. A.S.W.  
P.O. BOX 7307  
WINTER HAVEN, FL 33883 US**

Mailing Address

**251 AVE. A.S.W.  
P.O. BOX 7307  
WINTER HAVEN, FL 33883 US**

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0994557**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WADDELL, ALLEN  
15 W. HOWARD DR. S. WEST  
WINTER HAVEN, FL 33880**

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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

**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

TITLE	VP
NAME	TILL, RICHARD C.
STREET ADDRESS	1095 HIBISCUS DR.
CITY-ST-ZIP	BARTOW, FL
TITLE	D
NAME	WADDELL, SUSAN TILL
STREET ADDRESS	15 LK. HOWARD DR. SW.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	S
NAME	TILL, WILMA J
STREET ADDRESS	1090 S BROADWAY
CITY-ST-ZIP	BARTOW, FL 00000,
TITLE	P
NAME	WADDELL, ALLEN
STREET ADDRESS	15 LK. HOWARD DR. S.W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	T
NAME	TILL, EDWARD RICHARD
STREET ADDRESS	1090 S. BROADWAY
CITY-ST-ZIP	BARTOW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/07-80062-006 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/07 (863) 299-3922

Date

Daytime Phone #