2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 08:00 AM **DOCUMENT # 304913 Secretary of State** 1. Entity Name TILLETT GROVES, INC. Principal Place of Business Mailing Address 103 STEVEN ST 103 STEVEN ST PO BOX 1315 RUSKIN FL 33570 PO BOX 1315 RUSKIN FL 33570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, olc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1143516 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Dosirod 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TILLETT, ROY C 103 STEVEN ST Street Address (P.O. Box Number is Not Acceptable) RUSKIN FL 33570 Zip Codo 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. HILE □ Delete TITLE U00000620349 Change TILLETT, ROY C NAME 02/09/07-80032-022 150.00 103 STEVEN ST. STREET ADDRESS STRUCT ADDRESS **RUSKIN FL** CHY-SI-7IP CITY-ST-7IP SD HHE Delete TITLE ☐ Change Addition TILLETT, CLAUDIA M NAME NAME 103 STEVEN ST STREET ADDRESS STREET ADDRESS RUSKIN FL CITY-SI-7IP CITY-ST-ZIP עט Delete HTLE ☐ Change ☐ Addition TILLETT, DANIEL S NAME 1220 6TH STREET SE STREET ADDRESS STREET ADDRESS CITY-ST-7IP RUSKIN FL 33570 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition TILLETT, TIM A NAMI' NAME 609 14TH ST NW STREET ADDRESS STREET ADDRESS RUSKIN FL 33570 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE. □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-SI-71P TITLE ☐ Delele DILE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Long Q. O. Ilett. Ber. Roy C. TI/OTI 1-31-07 813/645-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELEGATION DIRECTOR DIRECTOR