

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90102 003 ***150.00

DOCUMENT # 370668	
1. Entity Name T.L.R. CORP.	

Principal Place of Business P.O. BOX 1122 PLATT RD BOWLING GREEN FL 33834 US	Mailing Address P.O. BOX 1122 BOWLING GREEN FL 33834
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State
Zip	Country

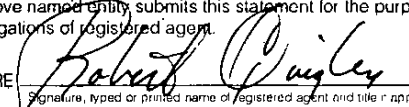
4. FEI Number 59-1903528	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent

**BATTS, JIMMY T SR
3552 PLATT ROAD
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

Name Robert Quigley
Street Address (P.O. Box Number is Not Acceptable) 3355 Platt Rd
City Wauchula
State FL
Zip Code 33873

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 	DATE 4/25/07

(NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDVS BATTS, JIMMY T S ROUND ROUTE 3552 PLATT RD WAUCHULA FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Quigley Robert 3355 Platt Rd Wauchula, FL 33873 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD BATTS, BUNNY RT 3552 PLATT RD WAUCHULA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BATTS, JIMMY T S ROUND ROUTE 3552 PLATT RD WAUCHULA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BATTS, JIM 3552 PLATT RD WAUCHULA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #