


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # 449227 1. Entity Name INSTANTWHIP-NORTH FLORIDA, INC.	
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Principal Place of Business 3803 E. COLUMBUS DR. TAMPA, FL 33605 US	Mailing Address PO BOX 333 COLUMBUS, OH 43216 US
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0844119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TILLER, WILLIAM B. 3803 EAST COLUMBUS DRIVE TAMPA, FL 33605
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TILLER, WILLIAM B 3803 COLUMBUS DRIVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TILLER, DONALD H JR. 3803 COLUMBUS DRIVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSBORNE, VICKIE A. 3803 COLUMBUS DRIVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MICHAELIDES, THOMAS G. 2200 CARDIGAN AVE COLUMBUS, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000731422 05/09/07-80004-013 150.00</p> DO NOT WRITE IN THIS SPACE
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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: <u>T G Michaelides</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/23/07</u> <small>Date</small>
	<small>Daytime Phone #</small>