2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

Applied For

Not Applicable

DOCL	JMENT	# 456450
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1. Entity Name

EDWARD C. TIETIG, P.A.



Principal Place of Business

1326 MALABAR RD. S.E. #1 PALM BAY, FL 32907-9502 Mailing Address

1326 MALABAR RD. S.E. #1 PALM BAY, FL 32907-9502



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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01162007	No Chg-P	CR2E034 (11/05)

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

4. FEI Number 59-1549360

TIETIG, EDWARD C. 1326 MALABAR RD. S.E. #1 PALM BAY, FL 32907

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PALM BAY	Y, FL 32907		**************************************	THIS SPACE
	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE Registere	d Agent signature required when reinstating)	DATE
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		000000594191 01/22/07-80061-008 159.00
10.	OFFICERS AND DIREC	CTORS	1, 1, 2, 1, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	Carrier Carrier State Carrier
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, JUDY 1326 MALABAR RD S.E. PALM BAY, FL		a phase course	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIETIG, EDWARD C 1326 MALABAR RD. S.E. PALM BAY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

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:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 32/1233163

Daytime Phone