

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 017 ***150.00

DOCUMENT # F39584

1. Entity Name
MTLC OF TALLAHASSEE, INC.



Principal Place of Business
1425 PIEDMONT DR. E.
101
TALLAHASSEE, FL 32308 US

Mailing Address
PO BOX 15949
TALLAHASSEE, FL 32317 US

40061112



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2113388

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID M. MOORE SR
1425 PIEDMONT DR. E.
#301
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
NAME COLLINS, LINDA M.
STREET ADDRESS 1425 PIEDMONT DR E. #101
CITY-ST-ZIP TALLAHASSEE, FL 0, ☐ Delete

TITLE VD
NAME COLLINS, LINDA M.
STREET ADDRESS 1425 PIEDMONT DR. E. #301
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Change ☐ Addition

TITLE D
NAME COLLINS, JOHN T
STREET ADDRESS 1425 PIEDMONT DR STE 101
CITY-ST-ZIP TALLAHASSEE, FL 0, ☐ Delete

TITLE D
NAME COLLINS, JOHN T.
STREET ADDRESS 1425 PIEDMONT DR. E. #301
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☒ Change ☐ Addition

TITLE VD
NAME LAUDER, DALE
STREET ADDRESS 1425 PIEDMONT DR E #301
CITY-ST-ZIP TALLAHASSEE, FL 0, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME TATE, DALTON A, JR
STREET ADDRESS 1425 PIEDMONT DR E. #301
CITY-ST-ZIP TALLAHASSEE, FL 0, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME WILLIAMS, DANA M.
STREET ADDRESS 6672 CROOKED CREEK RD.
CITY-ST-ZIP TALLAHASSEE, FL 0, ☐ Delete

TITLE S
NAME WILLIAMS, DANA M.
STREET ADDRESS 1425 PIEDMONT DR. E. #301
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Change ☐ Addition

TITLE PD
NAME MOORE, DAVID M, SR
STREET ADDRESS 1425 PIEDMONT DR E. #301
CITY-ST-ZIP TALLAHASSEE, FL 0, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

David M. Moore, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Moore, Sr. 4/12/07 (850)386-3100
Date Daytime Phone #