

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90018 016 \*\*\*150.00

<b>DOCUMENT # F43807</b> 1. Entity Name RICHARD K. TILLERY, P.A.																																																					
Principal Place of Business 3325 BAYSHORE BLVD #D-31 TAMPA, FL 33629 US		Mailing Address PO BOX 18574 TAMPA, FL 33679																																																			
2. Principal Place of Business - No P.O. Box # <b>480 Gulf Blvd.</b> Suite, Apt. #, etc. <b>Unit #5</b> City & State <b>Boca Grande, FL.</b> Zip <b>33921-1221</b> Country <b>U.S.A.</b>		3. Mailing Address <b>P.O. Box 1221</b> Suite, Apt. #, etc. City & State <b>Boca Grande, FL.</b> Zip <b>33921-1221</b> Country <b>U.S.A.</b>																																																			
6. Name and Address of Current Registered Agent TILLERY, RICHARD K 3325 BAYSHORE BLVD #D-31 TAMPA, FL 33629		4. FEI Number 59-2119760 Applied For <input type="checkbox"/> Not Applicable																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name <b>Richard K. Tillery</b> Street Address (P.O. Box Number is Not Acceptable) <b>480 Gulf Blvd. #5</b> City <b>Boca Grande</b> FL Zip Code <b>33921-1221</b>																																																			
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: <u><i>Richard K. Tillery</i></u> <b>RICHARD K. TILLERY</b> DATE: <u>2-10-07</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">           DP            TILLERY, RICHARD K            480 GULF BLVD- BOX 1221            BOGA GRANDE, FL 33921         </td> </tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TILLERY, RICHARD K 480 GULF BLVD- BOX 1221 BOGA GRANDE, FL 33921	<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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><i>Richard K. Tillery</i></u> <b>RICHARD K. TILLERY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2-10-07</u> Daytime Phone #: <u>813 230 6255</u>																																																			