

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F51985**

1. Entity Name

ANITA TINTLE & ASSOCIATES, INC.



Principal Place of Business

668 GOLF COURSE DR. NE  
FT. WALTON BEACH FL 32549

Mailing Address

P.O. BOX 2694  
FT. WALTON BEACH FL 32549-2694  
US



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-2133724**

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

TINTLE, ANITA  
668 GOLF COURSE DR., NE  
FT. WALTON BEACH FL 32547-1776

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 re-registering)

DATE

**FILE NOW!!!, FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete  
NAME TINTLE, DAVID FRANCIS, JR  
STREET ADDRESS 668 GOLF COURSE DR  
CITY-ST-ZIP FT WALTON BCH FL 32547

TITLE ☐ Change ☐ Addition  
NAME **0000000338837**  
STREET ADDRESS **04/28/08-80014-017 150.00**  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME TINTLE, ANITA  
STREET ADDRESS 668 GOLF COURSE DR  
CITY-ST-ZIP FT WALTON BCH FL 32547

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

TITLE VPD ☐ Delete  
NAME TINTLE, MICHAEL C  
STREET ADDRESS 207 ALONZE CT  
CITY-ST-ZIP NICEVILLE FL 32578

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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: *Anita E. Tintle* ANITA E. TINTLE 04/11/08 850 862-0080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #