2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUN	MENT	#F	9500	000	2399

1. Entity Name

TIM GOLDSBURY AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

725 N HWY A1A STE C-106 JUPITER, FL 33477-4565 725 N HWY A1A STE C-106 JUPITER, FL 33477-4565



02082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 93-1161370 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSBURY, TIM 20 TRADEWINDS CIR. TEQUESTA, FL 33469

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		1			•		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	sing	\$5.00 May Be Added to Fees	U00000642646 03/01/07-80049-024 150.00		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOLDSBURY, TIM 20 TRADEWINDS CIR. TEQUESTA, FL 33469	·					
title Name Street Address City-St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME Street address City-St-Zip		·					
TITLE NAME STREET ADDRESS							

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

IMOTHY E. GOLDSBUR

BURY P

PES. 561-744-295

Daysime Phone #