


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90006 028 ***150.00

| | |
|---|---|
| DOCUMENT # G22459 |  |
| 1. Entity Name THOMAS L. TATHAM AND BERNICE TATHAM, INC. | |

| | |
|--|---|
| Principal Place of Business 53 SHORELAND DRIVE KEY LARGO, FL 33037 | Mailing Address P.O. BOX 370398 KEY LARGO, FL 33037 |
|--|---|

| | |
|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 183 Old Hillside Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Flat Rock, NC |
| Zip | Zip 28731 |
| Country | Country |



01192007 Chg-P CR2E034 (12/06)

| | |
|---|--|
| 4. FEI Number 65-0847201 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent TAYLOR, MARLENE T. 53 SHORELAND DR KEY LARGO, FL 33037 | 7. Name and Address of New Registered Agent Name DOUGLAS J. Sanders Street Address (P.O. Box Number is Not Acceptable) 5602 PGA Blvd. Suite 205 City Palm Beach Gardens FL Zip Code 33418 |
|---|--|

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 Douglas J. Sanders Douglas J. Sanders, Esq. 1/25/2007
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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| | | | |
|--|---|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPSD TAYLOR, MARLENE T 53 SHORELAND DR KEY LARGO, FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TAYLOR, MARLENE T 53 SHORELAND DR KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 Marlene T. Taylor MARLENE T TAYLOR 2-2-07 305 619-0794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #