
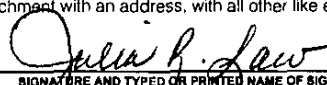


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # G70621 1. Entity Name TUSCANOOGA COMPANY		
Principal Place of Business % WILLIAM G. LAW, JR. 250 S. MAIN AVE. GROVELAND, FL 34736-2556	Mailing Address % WILLIAM G. LAW, JR. 250 S. MAIN AVE. GROVELAND, FL 34736-2556	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAW, WILLIAM G. JR. 250 S. MAIN AVE. GROVELAND, FL 32736		DO NOT WRITE IN THIS SPACE
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 am the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAW, WILLIAM G. JR. 250 S MAIN AVE GROVELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, JULIA R. 345 W. SUNSET ST. GROVELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, MARIE R. 1050 S. KANSAS AVE. GROVELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-8-07</u> (352)429-218 Daytime Phone #



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2362002

Applied
Not Appl

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

U00000580517
01/10/07-80051-013 150.00

**DO NOT WRITE
IN THIS SPACE**