


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90007 010 \*\*\*150.00

<b>DOCUMENT # H46089</b> 1. Entity Name <b>TULUMARIS &amp; THACKREY, PA</b>					
Principal Place of Business <b>5030-78TH AVENUE 10 PINELLAS PARK, FL 33781</b>			Mailing Address <b>4300 32ND AVENUE NORTH ST. PETERSBURG, FL 33713</b>		
2. Principal Place of Business - No P.O. Box # <b>5030-78th AVE</b>		3. Mailing Address <b>5030-78th AVE</b>			
Suite, Apt. #, etc. <b>SUITE 11</b>		Suite, Apt. #, etc. <b>SUITE 11</b>			
City & State <b>PINELLAS PARK, FL</b>		City & State <b>PINELLAS PARK, FL</b>			
Zip <b>33781</b>		Country <b>USA</b>		Zip <b>33781</b>	
Country <b>USA</b>		4. FEI Number <b>59-2526926</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>TULUMARIS, ANTHONY C. 3993 - 22ND AVE. NORTH ST. PETERSBURG, FL 33713</b>			7. Name and Address of New Registered Agent Name <b>FRED C. THACKREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4300 - 32nd. AVE NO</b> City <b>ST. PETERSBURG FL</b> Zip Code <b>33713</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>Fred C. Thackrey</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THACKREY, FRED C. 4300 32ND AVE. NO. ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCARTHY, TRESA 8643 LIME BROOK DR TRINITY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>Fred C. Thackrey</i></u> <b>3/26/07</b> <b>727-549-1786</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>FRED C. THACKREY</b>		