


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K02986</b>					
1. Entity Name <b>TILLER &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>1048 FL/GA HWY HAVANA FL 32333</b>			Mailing Address <b>1048 FL/GA HWY HAVANA FL 32333</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2862054</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>TILLER, T. RHETT 1048 FL/GA HWY HAVANA FL 32333</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	TITLE	NAME
	D	TILLER, J. RONALD	1048 FL/GA HWY HAVANA FL 32333		
	ST	TILLER, BECKY N.	1048 FL/GA HWY HAVANA FL 32333		
	D	BREWER, KELLEY T	1048 FL/GA HWY HAVANA FL 32333		
	D	TILLER, T. RHETT	1048 FL/GA HWY HAVANA FL 32333		



1st MOORE CR2E034 (10/06)

U000000612473  
02/02/07-80108-006 150.00

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:** Becky N. Tiller Becky N. Tiller 1-30-07 88-562-160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #