2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K02986

1. Entity Name

TILLER & ASSOCIATES, INC.



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

1048 FL/GA HWY HAVANA, FL 32333 Mailing Address

1048 FL/GA HWY HAVANA, FL 32333



01072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2862054

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TILLER, T. RHETT 1048 FL/GA HWY HAVANA, FL 32333

DO NOT WRITE IN THIS SPACE

HAVANA, FL 32333				IN THIS SPACE			
	named entity submits this statement for the glions of registered agent.	ourpose of changing its regi	istered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accer	ot	
SIGNATURE_	Signature, typed or printed name of registered ingent and the	fappicable, (NOTE: Reg) stered Agent signature	required when reinstating)	DAIE		
Fil. After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign f Trust Fund Contribut		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLER, J. RONALD 1048 FL/GA HWY HAVANA, FL 32333						
TITLE KAME STREET ADDRESS CITY-ST-ZIP	ST TILLER, BECKY N. 1048 FL/GA HWY HAVANA, FL 32333				U00000788552 01/18/08-80046-016 150.00	!	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, KELLEY T 1048 FL/GA HWY HAVANA, FL 32333			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLER, T. RHETT 1048 FL/GA HWY HAVANA, FL 32333			IN	THIS SPACE		
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZiP

Secky n Jeller

Becky N. T

1-16-08

562-1609

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