

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # K84144

1. Entity Name
NALLA 2600 CORPORATION



Principal Place of Business
% PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD., C-1
TAMPA, FL 33634

Mailing Address
% PETER LAWRENCE COMM RE
4710 EISENHOWER BLVD., C-1
TAMPA, FL 33634



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2997386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
4710 EISENHOWER BLVD.
STE. C-1
TAMPA, FL 33634

**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 accept the obligations of registered agent.

SIGNATURE

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. ☐ **\$5.00** May Be
Added to Fees

U000000702946

04/20/07-80121-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOOVER, KRISTOPHER M
STREET ADDRESS	4710 EISENHOWER BLVD STE C-1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	DS
NAME	LLEWELLYN, ROBERTA
STREET ADDRESS	4710 EISENHOWER BLVD STE C-1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	DC
NAME	ABRAMS, ALLAN
STREET ADDRESS	4710 EISENHOWER BLVD STE C1
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristopher Hoover
President

2/28/07

Date

813-889-8855

Daytime Phone #