


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L38796
 1. Entity Name
THELMA DREYER & ASSOCIATES, INC.



| | |
|---|---|
| Principal Place of Business 201 N. FRANKLIN STREET SUITE 1775 TAMPA, FL 33602 US | Mailing Address 201 N. FRANKLIN STREET SUITE 1775 TAMPA, FL 33602 US |
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 59-2982151 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DREYER, FREDERICK W JR
 201 N. FRANKLIN STREET
 SUITE 1775
 TAMPA, FL 33602

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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 _____ (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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS DREYER, FREDERICK W JR 201 N FRANKLIN ST STE 1775 TAMPA, FL 33602 |
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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: Frederick W. Dreyer 1-27-07 813 229-1545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #