

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90050 045 ****61.25

DOCUMENT # N05000007956

1. Entity Name
ONE HERE . . . ONE THERE, INC.



Principal Place of Business
**430 HICKORYNUT AVENUE
OLDSMAR, FL 34677**

Mailing Address
**PO BOX 272550
~~OLDSMAR, FL 34677~~
Tampa, FL 33688-2550**

401100



04282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0752533

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LATOUR, JANELLE
430 HICKORYNUT AVENUE
OLDSMAR, FL 34677**

**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

**Filing Fee is \$81.25
Due by May 1, 2007**

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	TP LATOUR, JANELLE 430 HICKORYNUT AVENUE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVT ROBERTS, WILLIAM M 14711 CLAREDON DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS POTTER, BETH Z 207 SOUTH BRADFORD AVENUE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 617, 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:

William M. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07

Date

813 833 4398

Daytime Phone #