

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90026 007 ****61.25

DOCUMENT # N97000003208

1. Entity Name
THESE OUR TOTS, INCORPORATED



Principal Place of Business
**1307 6TH ST WEST
BRADENTON, FL 34205**

Mailing Address
**1307 6TH ST WEST
BRADENTON, FL 34205**

40008020



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0853080

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLAYTON, LANCE
1307 6TH ST WEST
BRADENTON, FL 34205**

**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 \$61.25
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
**DS
DESUE, WENSTON
1307-6TH ST W
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CLAYTON, LANCE
1307 6TH ST WEST
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROBERSON, MICHAEL
1307 6TH ST WEST
BRADENTON, FL 34205**

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 on 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #