

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P0000000 4818

1. Entity Name

Targetvote.com, Inc.



FILED

2007 MAY -2 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

215 W College Ave

Suite, Apt. #, etc.

410

3. Mailing Address

P.O. Box 1655

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3620824

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32302

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Pollock Daniel

Street Address (P.O. Box Number is Not Acceptable)

215 W College Ave

410

City

Tallahassee

FL

Zip Code

32301

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.

100102213301
05/11/07--01030--011 **150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME

D. Pollock, Daniel
215 W College Ave 410
Tallahassee FL 32301

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D. Bertsch, Jerry W. Jr.
P.O. Box 1259
Tallahassee FL 32302

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 #

**DO NOT WRITE
IN THIS SPACE**