

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2005 08:00 AM  
Secretary of State

DOCUMENT # P00000031630

1. Entity Name  
THE TILLOO CORPORATION



Principal Place of Business  
4504 SW 29TH AVE  
GAINESVILLE, FL 32608

Mailing Address  
4504 SW 29TH AVE  
GAINESVILLE, FL 32608



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3649104  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SPIES, LOREN  
2360-B NW 41ST  
GAINESVILLE, FL 32606

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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, 2005 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

PD  
MULHEARN, JAMES R  
4504 SW 29 AVE  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
SPIES, LOREN  
2630-B NW 41 ST STREET  
GAINESVILLE, FL 32606

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

DO NOT WRITE  
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03/10/05-80029-025 150.00

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

3/08/05

Date

352-371-2580

Daytime Phone #