



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P0000039221	
1. Entity Name FRANK P. TANNER & ASSOCIATES, INC.	

Principal Place of Business 2811 O'BANNION TERRACE DELTONA, FL 32738	Mailing Address 2811 O'BANNION TERRACE DELTONA, FL 32738
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DO NOT WRITE IN THIS SPACE

		
04272007	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3632645	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TANNER, FRANK P
 2811 O'BANNION TERRACE
 DELTONA, FL 32738

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 _____ (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	PD TANNER, FRANK P 2811 O'BANNION TERRACE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TANNER, MARCIE L 2811 O'BANNION TERRACE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOYD, MARY ANNE 1141 S. 8TH AVE. DELAND, FL 32734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/22/07-80097-005 150.00

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 5-22-07 Daytime Phone # _____