## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2007 08:00 A Secretary of State DOCUMENT # P01000007361 1. Entity Name BOUNCERS OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 1251 REDFIELD ROAD PO BOX 12042 TALLAHASSEE, FL 32317-2042 TALLAHASSEE, FL 32311 No Chg-P CR2E034 (11/05) 03082007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3701815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTRUCK, CLARA C DO NOT WRITE 1251 REDFIELD ROAD TALLAHASSEE, FL 32311 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ROTRUCK, CLARA C 1251 REDFIELD ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPAC NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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. 942-2271

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**