

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90201 001 ***150.00

DOCUMENT # P01000060593

1. Entity Name
THOMAS & PAULK, P.A.



Principal Place of Business
**100 S. ASHLEY DRIVE
STE 1160
TAMPA, FL 33601 US**

Mailing Address
**100 S. ASHLEY DRIVE
STE 1160
TAMPA, FL 33601 US**

60000800



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

217 N. Howard Ave

Suite, Apt. #, etc.
Suite 100

City & State
Tampa, FL

Zip
33606

Country
USA

3. Mailing Address

217 N Howard Ave

Suite, Apt. #, etc.
Suite 100

City & State
Tampa, FL

Zip
33606

Country
USA

4. FEI Number
59-3725524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAULK, JEFF
100 S. ASHLEY DRIVE
STE 1160
TAMPA, FL 33601**

7. Name and Address of New Registered Agent

Name **Jeff Paulk**
Street Address (P.O. Box Number is Not Acceptable)
217 N. Howard Ave Suite 100
Tampa, FL
City **FL** Zip Code **33606**

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

1/4/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **THOMAS, JEFFREY L**
STREET ADDRESS **100 S ASHLEY DR STE 1160**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **P** ☐ Delete
NAME **PAULK, JEFFREY C**
STREET ADDRESS **100 S ASHLEY DR STE 1160**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Jeffrey Thomas**
STREET ADDRESS **217 N Howard Ave Suite 100**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☒ Change ☐ Addition
NAME **Jeff Paulk**
STREET ADDRESS **217 N Howard Ave Suite 100**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

1/4/07