2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000086946

Entity Name

THT SOLUTIONS OF NORTH FLORIDA, INC.



FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90033 027 ***150.00

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Principal Plac	ce of Business	Mailing Address 1560 CAPITAL CIRCLE NW			400	12,2000			
	EE, FL 32308	SUITE 16 TALLAHASSEE, FL 32303		. · . · · 		 			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052007	Chg-P	CR2E034	(12/06)	
City & State		City & State		4. FEI Numb 59-374			- 	oplied For	
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	1		7. Name and	Address of New	Registered Ag	ent	
POTTER, TRAVIS E				Name					
2752 OAK	PARK CT. SSEE, FL 32308	Street Addre			ress (P.O. Box Numb	er is Not Acceptal	ble)		
	· ·			City			FL	Zip Cod	
the obligat	named entity submits this statement for the control of the control	or the purpose of changing its	s registere	ed office or reg	gistered agent, or bo	th, in the State of I		niliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agen	and the Sametra	T 5						
	Signature, typeo or printed marie or registered agen	t and the it applicable. (NO	re: negistered	Agent signature re	equired when reinstating)		DATE		
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con	•	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS				ADDITIONS	CHANGES TO OF	FFICERS AND D	IRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE					Change	Addition
NAME	POTTER, TRAVIS E		NAME						_
STREET ADDRESS	2752 OAK PARK CT.			ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-	ST-ZIP					
TITLE		☐ Delete	THLE					☐ Change	Addition
NAME STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		Delete	TITLE		<u>-</u>				
NAME	·	☐ Delete	NAME				L	Change	Addition
STREET ADDRESS				ET ADDRESS	4				
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CITY-ST-ZIP			CITY-	ST-ZIP	7.00		· .		
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
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TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-7IP				ST-7IP					

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: SZELE ALL TOWNER POHL

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