

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P01000090177

1. Entity Name

THURMAN RODDENBERRY & ASSOCIATES INC.



Principal Place of Business

**POST OFFICE BOX 100
HWY 319
SOPCHOPPY, FL 32358**

Mailing Address

**POST OFFICE BOX 100
HWY 319
SOPCHOPPY, FL 32358**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3748805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLENDER, JOYCE C CPA
4432 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32358**

**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

Signature, typed or printed name of registered agent and true if applicable.

(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	P
NAME	RODDENBERRY, JAMES T
STREET ADDRESS	POST OFFICE BOX 100
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	VP
NAME	RODDENBERRY, KIMBERLY R
STREET ADDRESS	POST OFFICE BOX 100
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	T
NAME	STRICKLAND, ROBERT B
STREET ADDRESS	P O BOX 427
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	S
NAME	RODDENBERRY, ROBERT D
STREET ADDRESS	P O BOX 22
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	AFS
NAME	REVELL, CHARLES R
STREET ADDRESS	P.O. BOX 794
CITY-ST-ZIP	CRAWFORDVILLE, FL 32358
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80005-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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

James T. Roddenberry

1/3/07

850-962-2538

Date

Daytime Phone #