

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000080316

1. Entity Name  
TIT FOR TAT THIS AND THAT COLLECTIBLES  
INCORPORATED



Principal Place of Business  
12710-2 MCGREGOR BLVD  
FT. MYERS, FL 33919

Mailing Address  
12710-2 MCGREGOR BLVD  
FT. MYERS, FL 33919

**FILED  
Apr 16, 2008 08:00 A  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

04102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0414807</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ELLER, COLLEEN  
515 N.E. 15TH AVENUE  
CAPE CORAL, FL 33909

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 ELLER, COLLEEN  
STREET ADDRESS 515 NE 15TH AVE  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE V  
NAME ELLER, DENNIS  
STREET ADDRESS 515 NE 15TH AVE  
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000901489  
04/29/08-80072-002 158.75

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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

Date

Daytime Phone #

4/15/08