

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000098030

1. Entity Name
YOUR TALLAHASSEE CONNECTION, INC.



Principal Place of Business
417 E VIRGINIA ST, STE 1
TALLAHASSEE, FL 32301

Mailing Address
417 E VIRGINIA ST, STE 1
TALLAHASSEE, FL 32301

FILED

07 MAR 15 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301-1283

**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, 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 NEELEY, SETH
STREET ADDRESS 417 E VIRGINIA ST, STE 1
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VP
NAME NEELEY, BARBARA
STREET ADDRESS 417 E VIRGINIA ST, STE 1
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

800095885108
04/05/07--01029--023 **750.00

**DO NOT WRITE
IN THIS SPACE**

K. Eckel MAR 15 2007

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

3/15/07

Date

(850)
224-8870

Daytime Phone #