


2008 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
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DO NOT WRITE IN THIS SPACE

FILED

2008 JUN 24 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06092008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEELEY, SETH 417 E VIRGINIA ST, STE 1 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEELEY, BARBARA 417 E VIRGINIA ST, STE 1 TALLAHASSEE, FL 32301
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07/03/08--01007--020 **450.00

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: Seth Neeley VP Date: 6/23/08 Daytime Phone #: 850-224-8870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR