


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90091 009 ***150.00

DOCUMENT # P02000118632

1. Entity Name
 TYNDALL & ASSOCIATES, INC.



Principal Place of Business
 1607 NORTH 43RD ST
 SUITE 200
 THONOTOSASSA, FL 33592

Mailing Address
 1607 N 43RD ST
 STE 200
 TAMPA, FL 33605

2. Principal Place of Business - No P.O. Box #
 1607 N. 43RD ST

3. Mailing Address

Suite, Apt. #, etc.
 STE 200

Suite, Apt. #, etc.

City & State
 TAMPA FL

City & State

Zip
 33605

Country
 USA

Zip

Country

6. Name and Address of Current Registered Agent

TYNDALL, BRANDI E
 13920 S. W. 121ST AVENUE
 ARCHER, FL FL

7. Name and Address of New Registered Agent

Name
 RICHARD HERRICK

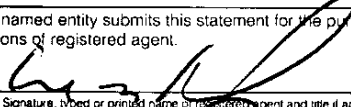
Street Address (P.O. Box Number is Not Acceptable)
 9220 MINTOSH RD

City
 DOVER

FL

Zip Code
 33527

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)

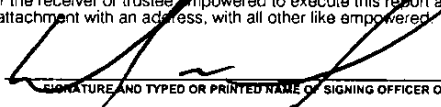
DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HERRICK, RICHARD 1607 NORTH 43RD ST THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HERRICK, RICHARD 1607 NORTH 43RD ST TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM HERRICK, RICHARD 1607 NORTH 43RD ST THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM HERRICK, RICHARD 1607 NORTH 43RD ST TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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

Day/Time Phone #

40047110



01152007 Chg-P CR2E034 (12/06)

4. FEI Number
 27-0035627

Applied For
 Not Applicable

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