

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90132 043 ***150.00

DOCUMENT # P03000031572					
1. Entity Name K J TILLMAN, INC					
Principal Place of Business 10640 GRAYSON COURT JACKSONVILLE, FL 32220			Mailing Address 10640 GRAYSON COURT JACKSONVILLE, FL 32220		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 68-0546384	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TILLMAN, KENNA I 10640 GRAYSON COURT JACKSONVILLE, FL 32220				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P TILLMAN, KENNA I 10640 GRAYSON COURT JACKSONVILLE, FL 32220	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TILLMAN, JOHN V 10640 GRAYSON COURT JACKSONVILLE, FL 32220	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Kenna I Tillman</i>			KENNA I TILLMAN 4/25/05 904-502-9676		