

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000122629

1. Entity Name
TOTAL PERMITTING SERVICES, INC.



Principal Place of Business
915-29TH AVE W
BRADENTON, FL 34205

Mailing Address
P.O. BOX 9341
BRADENTON, FL 34206



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0477271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, KARIN S
915 29TH AVE N
BRADENTON, FL 34205

**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 Karin S. Jones
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/07

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	D
NAME	PHILLIPS, JAMES H
STREET ADDRESS	4516 GINNY DRIVE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D
NAME	JONES, KARIN S
STREET ADDRESS	915 - 2919 AVE W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000592454
01/19/07-80062-016 150.00

**DO NOT WRITE
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 #

1/17/07 941-747-8044