

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 A
Secretary of State

DOCUMENT # P04000000487 1. Entity Name OLD DUTCH, INC.	
--	---

Principal Place of Business 5410 TYSON AVENUE WEST TAMPA, FL 33611-3200	Mailing Address POST OFFICE BOX 13376 TAMPA, FL 33681
---	---

DO NOT WRITE IN THIS SPACE



03042007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-0823534	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent SMITH, RANDALL W 5410 WEST TYSON AVENUE TAMPA, FL 33611-3200
--

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 reinstating) DATE _____

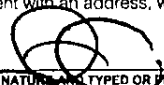
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SMITH, RANDALL W 5410 W TYSON AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SMITH, DAVID 5410 W TYSON AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000658376
03/15/07-80036-002 150.00

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:  PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RANDALL W. SMITH	3/5/07 (813) 831-9920 Date Daytime Phone #
---	--