

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056780

Entity Name: SAM TILLIS LATH INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

15381 MOTTLED OWL RD.  
BROOKSVILLE, FL 34614

## New Principal Place of Business:

15932 14TH STREET  
DADE CITY, FL 33523

## Current Mailing Address:

15381 MOTTLED OWL RD.  
BROOKSVILLE, FL 34614

## New Mailing Address:

15932 14TH STREET  
DADE CITY, FL 33523

FEI Number: 20-1025331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNCH, GREGG A  
14144 6TH ST.  
DADE CITY, FL 33525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TILLIS, SAM  
Address: 15381 MOTTLED OWL RD.  
City-St-Zip: BROOKSVILLE, FL 34614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TILLIS, SAM  
Address: 15932 14TH STREET  
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM TILLIS

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date