

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90020 023 ***550.00

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1. Entity Name
TIPTON, MARLER, GARNER AND CHASTAIN, P.A.



Principal Place of Business
501 W 19TH ST
PANAMA CITY, FL 32405

Mailing Address
501 W 19TH ST
PANAMA CITY, FL 32405

40116070



05092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1217629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TIPTON, DAVID C
501 W 19TH ST
PANAMA CITY, FL 32405

**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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME TIPTON, DAVID C
STREET ADDRESS 501 W 19TH ST
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D
NAME MARLER, JERRY K
STREET ADDRESS 501 W 19TH ST
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D
NAME GARNER, JIM L
STREET ADDRESS 501 W 19TH ST
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE D
NAME CHASTAIN, CURTIS L
STREET ADDRESS 501 W 19TH ST
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Curtis L. Chastain, Curtis L. Chastain 5/17/07 850-269-9491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #