

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90005 030 ***150.00

DOCUMENT # P04000153747 1. Entity Name TONY'S PALLETS, INC.					
Principal Place of Business 2411 GUN FLINT TRAIL PALM HARBOR, FL 34683			Mailing Address 2411 GUN FLINT TRAIL PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box # 1500 MICHIGAN BLVD.		3. Mailing Address 1500 MICHIGAN BLVD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Dunedin FL		City & State DUNEDIN FL		4. FEI Number 86-1119354	
Zip 34698		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34698		Country U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent EMERITO, ANTHONY P 2411 GUN FLINT TRAIL PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Emerito Anthony P Street Address (P.O. Box Number is Not Acceptable) 1500 Michigan Blvd. City Dunedin FL Zip Code 34698		
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. <input type="checkbox"/> \$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	PD EMERITO, ANTHONY P 2411 GUN FLINT TRAIL PALM HARBOR, FL 34683		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Emerito Anthony P 1500 Michigan Blvd Dunedin FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Anthony Emerito			Date: 5/12/07		