

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000173450	
1. Entity Name TOMMY L. GILL CPA, PA	

Principal Place of Business 217-C MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548 US	Mailing Address 217-C MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548 US
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01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2174752	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GILL, TOMMY L
217-C MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548

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

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	P GILL, TOMMY L 217-C MIRACLE STRIP PARKWAY SW FORT WALTON BEACH, FL 32548
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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: Tommy L. Gill TOMMY L. GILL 1/9/07 850-243-8877
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #