

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90123 025 \*\*\*150.00

<b>DOCUMENT # P05000023035</b> 1. Entity Name <b>PARK M. TRAMMELL, JR., CO.</b>			
Principal Place of Business <b>6357 GLASGOW DR TALLAHASSEE, FL 32312-4511</b>		Mailing Address <b>6357 GLASGOW DR TALLAHASSEE, FL 32312-4511</b>	
2. Principal Place of Business - No P.O. Box # <b>3253 CAROLLTON DR.</b>		3. Mailing Address <b>3253 CAROLLTON DR.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>TALLAHASSEE, FL</b>		City & State <b>TALLAHASSEE, FL</b>	
Zip <b>32311-3704</b>		Zip <b>32311-3704</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>76-0780131</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TRAMMELL, LINDA F 6357 GLASGOW DR TALLAHASSEE, FL 32312-4511</b>		7. Name and Address of New Registered Agent Name <b>TRAMMELL, LINDA F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3253 CAROLLTON DR.</b> City <b>TALLAHASSEE</b> FL <b>32311-3704</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PT TRAMMELL, PARK M JR 6357 GLASGOW DR TALLAHASSEE, FL 323124511</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PT TRAMMELL, PARK M JR 3253 CAROLLTON DR TALLAHASSEE FL 32311 3704</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VS TRAMMELL, LINDA F 6357 GLASGOW DR TALLAHASSEE, FL 323124511</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VS TRAMMELL, LINDA F 3253 CAROLLTON DR TALLAHASSEE FL 32311 3704</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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.			
<b>SIGNATURE</b> <b>PARK M. TRAMMELL, JR., PRESIDENT, 7-13-07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			