## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000032870**

1. Entity Name

NORTH PORT TOMORROW, INC.



Principal Place of Business

5165 FAR OAK CIRCLE SARASOTA, FL 34238

us

Mailing Address

5342 CLARK RD.

PMB 188

SARASOTA, FL 34233 U

FILED Apr 23, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

03202007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

20-2572103

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

TIMMEL, TIMOTHY P 5165 FAR OAK CIRCLE SARASOTA, FL 34238

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or I	egistered agent, or bo	oth, In the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signatur	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P TIMMEL, TIMOTHY P 5165 FAR OAK CIRCLE SARASOTA, FL 34238				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000722481 05/02/07-80034-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷				
TITLE					

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PENTED HARR OF SIGNING OFFICER OR DIRECTO

20 Apr 2007

9419228855

TIMOTHY P. TIMMEL