


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

4/1

04-18-2007 90169 016 \*\*\*150.00

<b>DOCUMENT # P05000059357</b>			
1. Entity Name <b>TAMMY KALIKO WILLINGHAM, INC.</b>			
Principal Place of Business <b>151 TERRACE SHORES DRIVE INDIALANTIC FL 32903</b>		Mailing Address <b>151 TERRACE SHORES DRIVE INDIALANTIC FL 32903</b>	
2. Principal Place of Business - No P.O. Box # <b>151 Terrace Shores</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Indialantic, FL</b>		City & State	
Zip <b>32903</b>		Country	
4. FEI Number <b>AP-PLIED FOR</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>BICKFORD, ROBERT E. P.A. 637 DENISE DRIVE MELBOURNE FL 32935</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
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 registering)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WILLINGHAM, TAMMY K 151 TERRACE SHORES DRIVE INDIALANTIC FL 32903 <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 exemption contained in Section 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 _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	

*Reviewed & Sent*  
*4-30-07*

*EIN #41-2204045*

*4-4-07*  
*321-984-2789*



ATTACHMENT

66012834

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# 105000059357  
Date of thi

Date of this notice: 04-26-2006

Employer Identification Number:  
41-2204045

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

002836.240922.0010.001 2 MB 0.563 1020



TAMMY KALI KO WILLINGHAM INC  
% TAMMY KALI KO WILLINGHAM  
151 TERRACE SHORES DR  
INDIALANTIC FL 32903



002836

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 41-2204045. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/21/2006

After our review of your information, we have determined that you are delinquent for the tax period(s) dating as far back as 2005. Please file your return(s) by 05-11-2006. Penalties and interest will continue to accumulate from the due date of the return(s) until it is filed. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities. If you need tax forms, you can call 1-800-829-3676 or you can download the forms from the IRS Web site at [www.irs.gov](http://www.irs.gov).

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)