

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jul 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000064586**

1. Entity Name  
**ANTIOCH ENSEMBLE & HYMNING COMPANY**



Principal Place of Business  
**970 MOONLIGHT LANE  
BROOKSVILLE, FL 34601**

Mailing Address  
**970 MOONLIGHT LANE  
BROOKSVILLE, FL 34601**



07062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2842488**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GATLIN, C ELMON  
620 TWIGGS STREET  
TAMPA, FL 33602**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000768324  
07/12/07-80003-019-150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATLIN, C ELMON 620 TWIGGS STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD QUIGLEY, W LARRY 970 MOONLIGHT LANE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARKER, RICKY C 37701 PRIMO DR DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-07

Date

352 650-0204

Daytime Phone #