## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURF:

## Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # P05000073752** 1. Entity Name 04-07-2006 90017 013 \*\*\*150.00 TINDALL PROPERTIES, INC. Principal Place of Business Mailing Address 6217 MOHAWK TRIAL **6217 MOHAWK TRIAL** MILTON, FL 32583 US MILTON, FL 32583 2. Principal Place of Business 3. Mailing Address 4240 Breezeway P.O. Box 482 Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For City & State BAgdad M: Iton 30-0316237 Not Applicable Zip Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired 32530-0482 32583 Fee Required 75A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Eric TINDALL, ERIC J Street Address (P.O. Box Number is Not Acceptable) **6217 MOHAWK TRAIL** MILTON, FL 32583 circle Breezewou Zip Code ろうちおろ M: HON 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. (NQTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (Change ■ Addition TINDALL, ERIC J Tindall EVIC 2 NAME NAME Breezeway circle STREET ADDRESS 6217 MOHAWK TRIAL STREET ADDRESS 4240 CITY-ST-ZIP Milton **MILTON, FL. 32583** CITY-ST-ZIP FL 32583 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED