## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 23, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P0500010 TILLER, INC.	J2183		02-23-2006 90018 016 ***150.00
Principal Plac 318 WOODLI WINTER SPR		Mailing Address 318 WOODLEAF DRIV WINTER SPRINGS, FL		40017111
· · · · · · · · · · · · · · · · · · ·	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		
City & Stat	е	City & State		4. FEI Number 323 9227 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
	OTEDED ACENT INC		- Name	Frod Toller
	STERED AGENT INC. RRY ROAD		Street	et Address (P.O. Box Number is Not Acceptable)
QUINCY, I				318 1000418412 1315
			City	Wouter Springs FL Zing of 105
8 The above	named entity submits this statement	t for the purpose of changing it	s registered office	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent:	tion the purpose of changing it	a registered office	
SIGNATURE	Lord J. J	illre		gnature required when reinstating)  DATE  DATE
3IGNATORIE.	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE: Registered Agent sign	gnature required when reinstating) DATE
,		9. Election Campa Trust Fund Cor		\$5.00 May Be Added to Fees
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	TILLER, FRED L 318 WOODLEAF DRIVE		NAME STREET ADDRES	ss
CITY-ST-ZIP	WINTER SPRINGS, EL 32708	3	CITY-ST-ZIP	
TITLE	DVPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TILLER, DEBRA E		NAME	
STREET ADDRESS CITY-ST-ZIP	318 WOODLEAF DRIVE WINTER SPRINGS, FL 32708	9	STREET ADDRESS  CITY-ST-ZIP	SS
	WINTER SPRINGS, PL 32700		TITLE	☐ Change ☐ Addition
TITLE NAME		☐ Delete		Change — Addition
STREET ADDRESS			STREET ADDRES	ss
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRES	22
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS		1 +	STREET ADDRES CITY-ST-ZIP	SS (3.25)
CITY-ST-ZIP		, Delete	TITLE	☐ Change ☐ Addition
NAME		, Dense	NAME	Ca ( Change ( Addition
STREET ADDRESS	\	, n	STREET ADDRES	ec l
		i · · · ·	STREET ADDRES	33
CITY-ST-ZIP	<u>.</u>		CITY-ST-ZIP	

12. Thereby 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR