

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081657

FILED
Feb 20, 2007
Secretary of State

Entity Name: THIS, THAT'N THE OTHER CORPORATION

Current Principal Place of Business:

4612 SE 36TH AVE.
OCALA, FL 34480

New Principal Place of Business:

3310 SE LAKE WEIR AVE
OCALA, FL 34471

Current Mailing Address:

4612 SE 36TH AVE.
OCALA, FL 34480

New Mailing Address:

3310 SE LAKE WEIR AVE
OCALA, FL 34471

FEI Number: 20-5339027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAHAN, ELLIE
4612 SE 36TH AVE.
OCALA, FL 34480 US

Name and Address of New Registered Agent:

TRAHAN, ELLIE
4612 SE 36TH AVE
OCALA, FL 34480 US

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.

SIGNATURE:

02/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAHAN, ELLIE
Address: 4612 SE 36TH AVE.
City-St-Zip: OCALA, FL 34480

Title: VD () Delete
Name: LAPIERRE, LUANN
Address: 31 PECAN COURSE CIRCLE
City-St-Zip: OCALA, FL 34472

Title: SD () Delete
Name: STARLING, DEBORAH
Address: 500 SE 49TH AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIE TRAHAN

PD

02/20/2007

Electronic Signature of Signing Officer or Director

Date