


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

~~INCORPORATION~~
2010 Annual Report

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P O 9000056411

1. Corporation Name
Don W. Tolliver of America Inc

2. Principal Office Address - No P.O. Box # 53 Bridle Gate Dr		3. Mailing Office Address P.O. Box 2491	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crawfordville FL		City & State Tallahassee, FL	
Zip 32327	Country USA	Zip 32326	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **270463079** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Don W Tolliver

Street Address (P.O. Box Number is Not Acceptable)
53 Bridle Gate Dr

Suite, Apt. #, Etc.

City
Crawfordville

State
FL

Zip Code
32327

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Don W Tolliver** Date **4-30-10**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Don W Tolliver	53 Bridle Gate Dr	Crawfordville FL 32327
	\$514		

10. E-mail Address: **Quartress @ G mail.com**
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Don W Tolliver** **4-30-2010 339-9 311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #