

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2005 OCT 10 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067937		
1. Entity Name WARREN & TILLMAN, INC.		

Principal Place of Business 2803 RECKER HWY WINTER HAVEN, FL 33881 US	Mailing Address 2803 RECKER HWY. WINTER HAVEN, FL 33880
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10062005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3206384	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent GAY, WARREN G 595 SIXTH ST. N.W. WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name Timothy A. Leopard Street Address (P.O. Box Number is Not Acceptable) 1010 South Lake Mariah Drive City Winter Haven FL Zip Code 33884	
--	--	---	--

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 a registered agent.

SIGNATURE 	Timothy A. Leopard, President	10/06/05
---	-------------------------------	----------

Amended AR is \$81.25	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
-----------------------	---	-----------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PS GAY, WARREN G 595 SIXTH ST. N.W. WINTER HAVEN, FL ☒ Deceased	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PS Timothy A. Leopard 2803 Recker Hwy Winter Haven, FL 33880 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Deceased	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	10/10/05-01010-000 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Deceased	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Deceased	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Deceased	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Deceased	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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: 	Timothy A. Leopard, President	10/06/05	863-412-6500
--	-------------------------------	----------	--------------

Handwritten signature/initials