

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000077567**

1. Entity Name  
FLORIDA LEGISLATIVE CONSULTANTS, INC.



Principal Place of Business  
522 E. JEFFERSON ST.  
SUITE 130  
TALLAHASSEE, FL 32301 US

Mailing Address  
POST OFFICE BOX 10097  
TALLAHASSEE, FL 32302 US



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3212489

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BREWTON, WILBUR E  
225 SOUTH ADAMS STREET  
SUITE 250  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$850.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME TILLMAN, BARBARA M.  
STREET ADDRESS 522 E. JEFFERSON ST  
CITY- ST- ZIP TALLAHASSEE, FL

TITLE ST  
NAME TILLMAN, BARBARA M.  
STREET ADDRESS 522 E. JEFFERSON ST  
CITY- ST- ZIP TALLAHASSEE, FL

TITLE D  
NAME TILLMAN, BARBARA M.  
STREET ADDRESS 522 E. JEFFERSON ST.  
CITY- ST- ZIP TALLAHASSEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000580723  
01/10/07-80060-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**

*Barbara M. Tillman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

Date

850-224-4611

Daytime Phone #