


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P96000078255

1. Entity Name
 1306 THOMASVILLE ROAD, INC.



Principal Place of Business
 3110 CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308

Mailing Address
 3110 CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3402941

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, ROBIN B
 3110 CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	LANE, RANDALL B
STREET ADDRESS	3110 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VPST
NAME	BOYLE, ROBIN B
STREET ADDRESS	3110 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	LITTLEFIELD, GERALDINE A.V.
STREET ADDRESS	3110 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	LANE, SUZANNE R
STREET ADDRESS	3110 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	BOYLE, ROBIN B
STREET ADDRESS	3110 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/24/07-80049-010 150.00

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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: _____ **3/14/2007** **850 656-1212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #