


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90045 041 ***150.00

DOCUMENT # P97000053775 1. Entity Name THOMAS H. WARLICK, P.A.			
Principal Place of Business 316E PINE ST ORLANDO, FL 32801 US		Mailing Address 316 EAST PINE ST ORLANDO, FL 32801 US	
2. Principal Place of Business - No P.O. Box # <i>100 Golden Bay Blvd</i> Suite, Apt. #, etc.		3. Mailing Address <i>100 Golden Bay Blvd</i> Suite, Apt. #, etc.	
City & State <i>OAK Hill FL</i>		City & State <i>OAK Hill FL</i>	
Zip <i>32759</i>		Zip <i>32759</i>	
Country		Country	
4. FEI Number 59-2227199		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARLICK, THOMAS H 316 E PINE ST ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>100 Golden Bay Blvd</i> City <i>OAK Hill</i> <i>FL</i> Zip Code <i>32759</i>	
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. <input type="checkbox"/> \$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-ST-ZIP	DPST WARLICK, THOMAS H 316 E PINE ST ORLANDO, FL 32801	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Thomas H. Warlick</i>		Date <i>1/12/07</i> Daytime Phone # <i>386-345-2536</i>	