



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000108369 1. Entity Name TATH, INC.			
Principal Place of Business 4326 TAHITIAN GARDENS CR #14C HOLIDAY, FL 34691		Mailing Address 4326 TAHITIAN GARDENS CR #14C HOLIDAY, FL 34691	
<h2>DO NOT WRITE IN THIS SPACE</h2>		 01242007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3489562	
		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 WILHELM, THEO 1322 SEVEN SPRINGS BLVD NEW PORT RICHEY, FL 34655		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
		U000000616133 02/07/07-80016-006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PTD	<h2>DO NOT WRITE IN THIS SPACE</h2>	
NAME	WILHELM, THEO		
STREET ADDRESS	4326 TAHITIAN GARDENS CR #14C		
CITY-ST-ZIP	HOLIDAY, FL 34691		
TITLE	VSD		
NAME	O'NEILL, TAMMY		
STREET ADDRESS	4326 TAHITIAN GARDENS CR #14C		
CITY-ST-ZIP	HOLIDAY, FL 34691		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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>Theo J. Wilhelm</i> THEO J. WILHELM 1-29-07 727-942-1848		_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	