2007 FOR PROFIT CORPORATION ANNUAL REPORT FILED Feb 01, 2007 08:00 AM DOCUMENT # P98000104921 **Secretary of State** 1. Entity Name TIM GILLEM, INC. Principal Place of Business Mailing Address PO BOX 5925 1133 GLEN WOOD ROAD DELAND, FL 32728 DELAND, FL 32720-2133 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3552780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GILLEM, TIMOTHY DO NOT WRITE 1133 GLEN WOOD ROAD DELAND, FL 32720 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000614822 02/06/07-80045-021 150.00 NAME GILLEM, TIMOTHY STREET ADDRESS 1133 GLEN WOOD ROAD CITY-ST-ZIP **DELAND, FL 32720** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR