

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **P99000016014**

1. Entity Name

Pollock AND Associates, Inc



FILED

2007 MAY -2 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200102213212
05/11/07--01030--010 **150.00

CR2E034B (8/05)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

215 W College Ave.

Suite, Apt. #, etc.

410

3. Mailing Address

Po Box 1655

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3561056

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32302

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Pollock, Daniel**

Street Address (P.O. Box Number is Not Acceptable)

215 W College Ave

410

City **Tallahassee**

FL

Zip Code
32301

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pollock, Daniel 215 W College Ave 410 Tallahassee FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Pollock

?

5/11/07 850 9071200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #