


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90084 001 ***150.00

DOCUMENT # P99000020791	
1. Entity Name TOM PELFREY AND ASSOCIATES, INCORPORATED	

Principal Place of Business 805 JAMES LEE RD. FT. WALTON BEACH, FL 32547	Mailing Address 805 JAMES LEE RD. FT. WALTON BEACH, FL 32547
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2. Principal Place of Business - No P.O. Box # 807 D South Drive	3. Mailing Address P.O. Box 784
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc.
City & State Ft. Walton Beach, FL	City & State Shalimar, FL
Zip 32547	Country OKALOOSA
Zip 32579	Country OKALOOSA



01112007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3568589		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 PELFREY, THOMAS E 805 JAMES LEE RD. FT. WALTON BEACH, FL 32547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Thomas E. Pelfrey Thomas E. Pelfrey, President JAN. 19, 2007
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELFREY, THOMAS E 729 REVERE AVE. FT. WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELFREY, BILLIE L 729 REVERE AVE. FT. WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas E. Pelfrey Thomas E. Pelfrey JAN. 19, 2007 850.862.7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #