

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K58750

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: TAB PROFESSIONAL BUSINESS DESIGNS, INC.

**Current Principal Place of Business:**

4081 EAST OLIVE ROAD  
SUITE H  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

4081 EAST OLIVE ROAD  
SUITE H  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 59-2925310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLINARD, SHELBY L.  
4081 E. OLIVE ROAD  
PENSACOLA, FL 32514      US

**Name and Address of New Registered Agent:**

CLINARD, SHELBY L.  
4081 E. OLIVE ROAD  
SUITE H  
PENSACOLA, FL 32514 US

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.

SIGNATURE: \_\_\_\_\_ 04/27/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CLINARD, JENNY  
Address: 4081 E OLIVE RD STE H  
City-St-Zip: PENSACOLA, FL 32514

Title: V ( ) Delete  
Name: CLINARD, BRAD  
Address: 4081 E OLIVE RD STE H  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: CLINARD, ALTON H  
Address: 4081 E OLIVE RD STE H  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: CLINARD, SHELBY  
Address: 4081 E OLIVE RD STE H  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY CLINARD      P      04/27/2007  
Electronic Signature of Signing Officer or Director      Date