

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000016746

1. Entity Name

TILLER, U.S.A., INC.



Principal Place of Business

200 DOLPHIN POINT RD.
#403
CLEARWATER FL 33767

Mailing Address

200 DOLPHIN POINT
#403
CLEARWATER FL 33757



2. Principal Place of Business - No P.O. Box #

200 DOLPHIN PT.

Suite, Apt. #, etc.

403

City & State

CLEARWATER FL

Zip

33767

Country

USA

3. Mailing Address

200 DOLPHIN PT.

Suite, Apt. #, etc.

403

City & State

CLEARWATER FL

Zip

33767

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3567267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLER, GENEVIEVE A
200 DOLPHIN POINT RD.
#403
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

N.A.

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

N.A.

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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 ☐ Delete

NAME
TILLER, GENEVIEVE A
STREET ADDRESS
200 DOLPHIN POINT RD. #403
CITY-ST-ZIP
CLEARWATER FL 33767

TITLE ☐ Delete

NAME
VP
TILLER, DALE K
STREET ADDRESS
16526 YORT AVE
CITY-ST-ZIP
OMAHA NE 68116

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 Section 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: G.A. TILLER *G.A. Tiller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Feb '08 (927) 446-0508

Date

Daytime Phone #