

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90073 020 ***150.00

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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 #

3. Mailing Address

200 DOLPHIN PT. #403

200 DOLPHIN PT. #403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CLEARWATER

CLEARWATER

City & State

City & State

FL

FL

Zip

Zip

33767

33767

Country

Country

USA

USA

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

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

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

M.G. Tiller G.A. TILLER President 29 March 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 446-0508