

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90038 023 ***150.00

DOCUMENT # J20945

1. Entity Name
THE TACKERIA, INC.



Principal Place of Business
**13000 WELLINGTON TRACE
A-8 THROUGH A-12
WELLINGTON, FL 33414**

Mailing Address
**12765 FOREST HILLS BLVD
SUITE 1302
WELLINGTON, FL 33414 US**

50000754



2. Principal Place of Business - No P.O. Box #
13501 SOUTH SHORE BLVD.

3. Mailing Address

Suite, Apt. #, etc.
Suite 106-107

Suite, Apt. #, etc.

City & State
WELLINGTON FL.

City & State

Zip
33414

Country
USA

Zip

Country

03042008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2695913

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

**DE MENDOZA, III, MARIO G P.A.
12765 FOREST HILL BOULEVARD, SUITE 1302
WELLINGTON, FL 33414**

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, 2008 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
COPPOLA, ANTHONY L.
11967 POLO CLUB RD
WELLINGTON, FL 33414** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Coppola, Anthony L.
11967 Polo Club Rd.
Wellington, FL 33414** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COPPOLA, JESSICA S
12765 FOREST HILL BOULEVARD, SUITE 1302
WELLINGTON, FL 33414** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Coppola, Jessica
12765 Forest Hill Blvd., Suite 1302
Wellington, FL 33414** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Louis Cuthbertson
12765 Forest Hill Blvd., Suite 1302
Wellington, FL 33414** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-- ☐ Change ☐ Addition

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:

Anthony L. Coppola, President

3-17-08

Date

Daytime Phone #