2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000052555

Entity Name
 TEAM PORKPIE, INC.



Principal Place of Business

6508 BIMINI CT. APOLLO BEACH, FL 33572 Mailing Address 6508 BIMINI CT.

APOLLO BEACH, FL 33572

FILED May 05, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0598541

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEIST, DONALD J 6508 BIMINI CT. APOLLO BEACH, FL 33572

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered off	ice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE_	Signature, typed or printed name of registered agent and title	d contends (AVTE: Decetared Appe	Lorgosher	required when reinstating)	DATE	
	Signature, typed or prated name or registered agent and the	ii applicabie. (NOTC, negistered Ageri	Signatura	Hadringo Angli Laurago (A)	The state of the s	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			000000345426 6/02/08-80055-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEIST, DONALD J 6508 BIMINI CT. APOLLO BEACH, FL 33572			06/02/08-80055-006 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	DO NOT WRITE		
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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 i changed, or on an attachment with an address, with all other like empowered.

Dest-

Mark