

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000093416

**Entity Name:** SVT11, INC.

**Current Principal Place of Business:**

1921 LIBBY COURT  
HOLIDAY, FL 34690

**Current Mailing Address:**

1921 LIBBY COURT  
HOLIDAY, FL 34690 US

**FEI Number:** 45-3693370

**Certificate of Status Desired:** No

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

TARR, SUSAN V  
1921 LIBBY COURT  
HOLIDAY, FL 34690 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P, D  
Name TARR, SUSAN V  
Address 1921 LIBBY COURT  
City-State-Zip: HOLIDAY FL 34690

Title VP  
Name TARR, DENNIS P  
Address 1921 LIBBY CT  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name GRIMES, HEATHER M  
Address 1921 LIBBY COURT  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name TARR, CHRISTOPHER M  
Address 1921 LIBBY COURT  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name MCCANN, AMBER L  
Address 1921 LIBBY COURT  
City-State-Zip: HOLIDAY FL 34690

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUSAN TARR

**PRESIDENT**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date