2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90098 016 ***158.75

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # 177919

1. Entity Name
TEMPACO, INC.

Principal Place of Business	Mailing Address
1701 ALDEN ROAD P O BOX 547667 ORLANDO, FL 32854-4667	1701 ALDEN ROAD P O BOX 547667 ORLANDO, FL 32854-4667

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-0762881
☐ 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
ROBINSON, MARIA E 2654 PISCES DR. ORLANDO, FL 32825	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	VP EVANS, NEILL H. 261 SUTHERLAND CT APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Root, Gregory 3909 LAKE DRAWDY DR ORLANDO FL 32820 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBINSON, MARIA E. 2654 PISCES DR. ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Michael Sackett 265 S. Randolph Ave Brea, CA 92821 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COOK, MICHELE 10621 JONATHAN DRIVE ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREGORICH, JAMES 215 LOTUS DR SAFETY HARBOR, FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAIGLE, DAVE 2720 TALL PINE ST FORT PIERCE, FL 34945	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JON 2400 8TH AVE N SAINT PETERSBURG, FL 33713	☐ 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 exemption stated in Section 119.07(3)(i), 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: Michele Cook 4-1-05 4078983456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #