2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

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

03162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

ROBINSON, MARIA E
19580 PADDOCK ST
ORLANDO, FL 32833

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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: _____ 4-3-07
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	EVANS, NEILL H.
STREET ADDRESS	261 SUTHERLAND CT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	P
NAME	ROBINSON, MARIA E.
STREET ADDRESS	19580 PADDOCK ST
CITY-ST-ZIP	ORLANDO, FL 32833
TITLE	S
NAME	COOK, MICHELE
STREET ADDRESS	10621 JONATHAN DRIVE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	VP
NAME	GREGORICH, JAMES
STREET ADDRESS	215 LOTUS DR
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	D
NAME	ROOT, GREFORY
STREET ADDRESS	3909 LAKE DRAWDY DR
CITY-ST-ZIP	ORLANDO, FL 32820
TITLE	D
NAME	ANDERSON, JON
STREET ADDRESS	2400 8TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713

U00000691197
04/13/07-80001-007-150.00

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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 the 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: _____ 4-3-07 407-898-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #