

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90081 038 ***150.00

DOCUMENT # 301059

1. Entity Name

TEAL & SONS, INC.



Principal Place of Business

13348 REAMS RD
WINDERMERE FL 34786
US

Mailing Address

520 N. WOODLAND ST.
WINTER GARDEN FL 34787
US

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

59-1204299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOAN H TEAL GRIFFIN
520 N. WOODLAND ST.
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TEAL, HILTON P. (DECEASE	
STREET ADDRESS	520 N WOODLAND ST	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIFFIN, JOAN H	
STREET ADDRESS	520 N. WOODLAND ST.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	P	<input type="checkbox"/> Delete
NAME	TEAL, WILLIAM H.	
STREET ADDRESS	1629 SUNSET DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TEAL, PAUL H., JR.	
STREET ADDRESS	199 S BEAR POINTE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	V	<input type="checkbox"/> Delete
NAME	TEAL, JULIA K	
STREET ADDRESS	3204 BERRIDGE LN	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	V	<input type="checkbox"/> Delete
NAME	TEAL, JANET M	
STREET ADDRESS	530 E CENTRAL AVE # 302	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAL, JANET M
STREET ADDRESS	520 N WOODLAND ST
CITY-ST-ZIP	WINTER GARDEN FL 34787

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joan H. Teal Griffin VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-06 407 656-1710

Date

Daytime Phone #