

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 018 ***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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

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

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 removing agent)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME TEAL, HILTON P. (DECEASE
STREET ADDRESS 520 N WOODLAND ST
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GRIFFIN, JOAN H
STREET ADDRESS 520 N. WOODLAND ST.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME TEAL, WILLIAM H.
STREET ADDRESS 1629 SUNSET DR
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME TEAL, PAUL H., JR.
STREET ADDRESS 199 S BEAR POINTE
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME TEAL, JULIA K
STREET ADDRESS 9204 BERRIDGE LN
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 633 Autumn Oaks Loop
CITY-ST-ZIP Winter Garden FL 34787

TITLE V ☐ Delete
NAME TEAL, JANET M
STREET ADDRESS 520 N WOODLAND ST
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08

407 656-1710

Date

Daytime Phone #