

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90027 046 ***158.75

DOCUMENT # 429617

1. Entity Name

THE TARPHO CORPORATION



Principal Place of Business

777 ROOSEVELT BLVD
TARPON SPRINGS FL 34689
US

Mailing Address

777 ROOSEVELT BLVD
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

3. Mailing Address

3939 BLOOMING HILL LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM HARBOR

City & State

City & State

FL

Zip

Country

Zip

34084

Country

USA

4. FEI Number

59-1482463

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONA, MICHAEL PN
3939 BLOOMING HILL LANE
PALM HARBOR FL 34684

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

Michael P. Mona

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10 APR 2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

CK# 9400

\$158.75 10 APR 2004

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

PDT

MONA, MICHAEL PN

3939 BLOOMING HILL LANE

PALM HARBOR FL 34684

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS

MONA, NELLY E

3939 BLOOMING HILL LANE

PALM HARBOR FL 34684

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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:

Michael P. Mona

PDT

10 APR 2004

727-934-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #