

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90097 034 ***150.00

DOCUMENT # 551771

1. Entity Name
F.T.P. INC.



Principal Place of Business

201 NO FEDERAL HIGHWAY
STE 114
DEERFIELD BEACH, FL 33444 US

Mailing Address

201 NO FEDERAL HIGHWAY
STE 114
DEERFIELD BEACH, FL 33444 US

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1790373

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D. DOUGLAS HILL
201 NO FEDERAL HIGHWAY STE 114
DEERFIELD BEACH, FL 33444

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IN THIS SPACE**

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 or director

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW!!! FEE IS \$150.00~~
~~After May 1, 2007, Fee will be \$350.00~~

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TAVERRITE, FRANK
STREET ADDRESS 201 NO FEDERAL HIGHWAY STE 114
CITY- ST- ZIP DEERFIELD BEACH, FL

TITLE SD
NAME TAVERRITE, SYLVIA D
STREET ADDRESS 201 NO FEDERAL HIGHWAY STE 114
CITY- ST- ZIP DEERFIELD BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-25-07