

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 622424

1. Entity Name

TARPON WOODS DEVELOPMENT, INC.



Principal Place of Business

166 ANNWOOD ROAD
PALM HARBOR FL 34685
US

Mailing Address

166 ANNWOOD ROAD
PALM HARBOR FL 34685
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
59-1909081

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

FERRENTINO, LLOYD M
166 ANNWOOD ROAD
PALM HARBOR FL 34685

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. (Mandatory)

(NOTE: Registered Agent signature required when re-electing)

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

TITLE: **DP** ☐ Delete
NAME: **FERRENTINO, LLOYD M**
STREET ADDRESS: **166 ANNWOOD ROAD**
CITY-STATE-ZIP: **PALM HARBOR FL**

TITLE: **DST** ☐ Delete
NAME: **FERRENTINO, ANN**
STREET ADDRESS: **166 ANNWOOD ROAD**
CITY-STATE-ZIP: **PALM HARBOR FL**

TITLE: **VP** ☐ Delete
NAME: **POTTS, DORIS J**
STREET ADDRESS: **166 ANNWOOD ROAD**
CITY-STATE-ZIP: **PALM HARBOR FL**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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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: *Doris J. Potts / Doris J. Potts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

727-784-7930

Date

Phone Number