2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90065 012 ***150.00

DOCUMENT # 627255

1. Entity Name
DAVE TARTIKOFF SERVICES, INC.

Principal Place of Business	Mailing Address
5332 SHADOWLAWN DRIVE SARASOTA, FL 34242	5332 SHADOWLAWN DRIVE SARASOTA, FL 34242

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2501 So. Tamiami Trail	2501 So. Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL.	City & State: SARASOTA, FL.
Zip: 34239 Country: SARASOTA	Zip: 34239 Country: SARASOTA

4. FEI Number: 59-1908292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TARTIKOFF, HELANE S.
5332 SHADOWLAWN DR.
SARASOTA, FL 34242

New

7. Name and Address of New Registered Agent

Name: TARTIKOFF, DAVID A.
Street Address (P.O. Box Number is Not Acceptable): 2501 So. Tamiami Trail
City: SARASOTA FL Zip Code: 34239

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: David A. Tartikoff, Pres. (DAVID A. TARTIKOFF, Pres.) 1-8-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	TITLE	☒ Change ☐ Addition
NAME	TARTIKOFF, DAVID	NAME	
STREET ADDRESS	5332 SHADOW LAWN DR.	STREET ADDRESS	2501 So. Tamiami Trail
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP	SARASOTA, FL. 34239
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: David A. Tartikoff (David A. Tartikoff, Pres. 1/8/2008 941-266-3935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

* Same officer and title