

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 044 ****61.25

DOCUMENT # 728869

1. Entity Name
TAHITIAN TOWERS, INC.



Principal Place of Business
**19450 GULF BLVD
SUITE A
INDIAN ROCKS BEACH, FL 33785**

Mailing Address
**2870 SCHERAR DR N
#100
SAINT PETERSBURG, FL 33716 US**

40020000



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

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1985898

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, BRIAN PA
7190 SEMINOLE BLVD
SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent

Name
Zacur and Graham P.A.
Street Address (P.O. Box Number is Not Acceptable)
5200 Central Ave.

City
St. Petersburg FL Zip Code
33727

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 reinstating)

DATE

1/31/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PP TAWIL, JOSEPH T**
STREET ADDRESS **19450 GULF BLVD #701**
CITY-ST-ZIP **INDIAN SHORES, FL 33785**

TITLE ☐ Delete
NAME **ZIEGLER, TERESA**
STREET ADDRESS **309 ORANGEWOOD LANE**
CITY-ST-ZIP **LARGO, FL 33770**

TITLE ☐ Delete
NAME **SP TAWIL, GEORGIA**
STREET ADDRESS **19450 GULF BLVD #701**
CITY-ST-ZIP **INDIAN SHORES, FL 33785**

TITLE ☐ Delete
NAME **T CANO, DR, CARLOS**
STREET ADDRESS **19450 GULF BLVD #305**
CITY-ST-ZIP **INDIAN SHORES, FL 33785**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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 617, 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:

JOE TAWIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-08 727-517-7557