


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 735180</b> 1. Entity Name SUNCOAST TARPON ROUND-UP, INC.	
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FILED  
07 FEB 12 PM 3:09

Principal Place of Business 6510 5TH AVE. N. SAINT PETERSBURG, FL 33710 US	Mailing Address P.O. BOX 47966 SAINT PETERSBURG, FL 33743 US
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TAL LAHASSEE, FLORIDA



2. Principal Place of Business 2327 36th Ave. N. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 7762 Suite, Apt. #, etc.
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10062006 Chg-NP CR2E037 (4/06)

City & State Saint Petersburg, Florida Zip 33713 Country USA	City & State Saint Petersburg, Florida Zip 33734 Country USA
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4. FEI Number 59-1668585	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARINEC, GEOFF 10981 51ST AVE. N. SAINT PETERSBURG, FL 33708	7. Name and Address of New Registered Agent Name Deacon, Kenneth G. Street Address (P.O. Box Number is Not Acceptable) 2327 36th Ave. N.  City Saint Petersburg FL Zip Code 33713
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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 Kenneth G Deacon Kenneth G Deacon 1/29/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	NASH, KAREN L
STREET ADDRESS	11450 1ST ST E
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	MASTRY, JAMES
STREET ADDRESS	4022 22ND AVE. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	MARINEC, GEOFF L
STREET ADDRESS	10981 51ST AVE. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JOHN, MCLAY
STREET ADDRESS	1900 TANGLEWOOD DR. N.E.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	D <input type="checkbox"/> Delete
NAME	WOTRING, KAREN
STREET ADDRESS	4022 22ND AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	D <input type="checkbox"/> Delete
NAME	DEACON, KEN
STREET ADDRESS	2327 36TH AVE. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Phillips
STREET ADDRESS	2868 40th AVE N
CITY-ST-ZIP	Saint Petersburg, FL 33714 <u>8/21/13</u>
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John L. Reynolds
STREET ADDRESS	450 60th Ave S
CITY-ST-ZIP	Saint Petersburg, FL 33705
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Owens
STREET ADDRESS	246 Park Circle S. St.
CITY-ST-ZIP	Saint Petersburg, FL 33707
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Quinette
STREET ADDRESS	4536 7th Ave. N.
CITY-ST-ZIP	Saint Petersburg, FL 33713
TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen G Wotring
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth G. Deacon
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 Karen G Wotring Karen G Wotring 1/28/07 727-643-3817  
Signature and typed or printed name of signing officer or director Date Daytime Phone #