
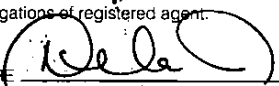



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90364 024 ****61.25

DOCUMENT # 735180			
1. Entity Name SUNCOAST TARPON ROUND-UP, INC.			
Principal Place of Business 2327 36TH AVE N SAINT PETERSBURG, FL 33713 US		Mailing Address P.O. BOX 7762 SAINT PETERSBURG, FL 33734 US	
2. Principal Place of Business - No P.O. Box # 4091 Maple Street NE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State St Petersburg, FL		City & State	
Zip 33703		Country US	
4. FEI Number 59-1668585		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEACON, KENNETH G 2327 36TH AVE N SAINT PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name: Debra Gell Street Address (P.O. Box Number is Not Acceptable): 200 Mirror Lake Drive City: St. Petersburg FL Zip Code: 33701	
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: 		DATE: April 23, 2008	
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: PHILLIPS, JIM STREET ADDRESS: 2868 40TH AVE N CITY-ST-ZIP: SAINT PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Jason Gell STREET ADDRESS: 4091 Maple Street N.E. CITY-ST-ZIP: Saint Petersburg, FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: REYNOLDS, JOHN L STREET ADDRESS: 450 66TH AVE S CITY-ST-ZIP: SAINT PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: Theresa Madigan STREET ADDRESS: 1154 - 42nd Avenue N.E. CITY-ST-ZIP: Saint Petersburg, FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: OWENS, JEFF STREET ADDRESS: 246 PARK CIRCLE S ST CITY-ST-ZIP: SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Charlie Crisp STREET ADDRESS: 1163 42nd Avenue N. CITY-ST-ZIP: Saint Petersburg, FL 33703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: QUINETTE, WAYNE STREET ADDRESS: 4536 7TH AVE N CITY-ST-ZIP: SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: Karen G. Wotring STREET ADDRESS: 4645 17TH AVE. NORTH CITY-ST-ZIP: ST. PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: WOTRING, KAREN G STREET ADDRESS: 4645 17TH AVE. NORTH CITY-ST-ZIP: ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE: Vice President NAME: Debra Gell STREET ADDRESS: 200 Mirror Lake Drive CITY-ST-ZIP: Saint Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: DEACON, KENNETH STREET ADDRESS: 2327 36TH AVE. N. CITY-ST-ZIP: SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete		
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: 		DATE: April 23, 2008 Daytime Phone #: 727-643-3817	