
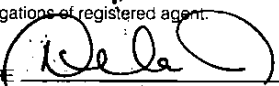
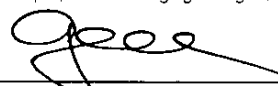


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		Zip 																																																																																																																										
Country US		Country 																																																																																																																										
4. FEI Number 59-1668585		Applied For <input type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;">  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> April 23, 2008 <small>DATE</small> </div> </div>																																																																																																																												
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																																																																																																																												
<div style="display: flex;"> <div style="flex: 1;"> 10. 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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 April 23, 2008 727-643-3817 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																												