


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 814294		
1. Entity Name TAMIAMI BASKET CENTER, INC.		
Principal Place of Business PO BOX 710 PUTNEY, VT 05346 US	Mailing Address THOMAS W. COSTELLO, P.C. PO BOX 483, 51 PUTNEY RD BRATTLEBORO, VT 05301	



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0211496	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 BERG, SKIP 1872 S. TAMIAMI TRAIL SUITE D VENICE, FL 34293		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBUCHOWSKI, MICHAEL 72 ATKINSON ST. BELLOWS FALLS, VT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILSON, GREGORY D RIVER ROAD PUTNEY, VT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTELLO, THOMAS W 51 PUTNEY ROAD BRATTLEBORO, VT 05301
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**DO NOT WRITE
IN THIS SPACE**

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:

Thomas W. Costello

4/2/07 8029257-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas W. Costello, Secretary