

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 025 ***150.00

DOCUMENT # F03000006360

1. Entity Name

TEHAN & COMPANY, INC.



Principal Place of Business

~~2570 PLANTATION DRIVE~~
~~SARASOTA FL 34231~~

Mailing Address

~~3670 PLANTATION DRIVE~~
~~SARASOTA FL 34231~~



2. Principal Place of Business - No P.O. Box #

140 Triple Diamond Blvd.

3. Mailing Address

140 Triple Diamond Blvd.

Suite, Apt. #, etc.

1404

Suite, Apt. #, etc.

1404

City & State

North Venice, FL

City & State

North Venice, FL

Zip

34275

Country

USA

Zip

34275

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-1080401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEHAN, HARRY
3579 PLANTATION DRIVE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

H. G. TEHAN, III

Street Address (P.O. Box Number is Not Acceptable)

5950 E. BRONSON HWY

City

St. Cloud

FL

Zip Code

34771

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 signatures required when reinstating)

DATE

2/19/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
PVSC
TEHAN, HARRY
3579 PLANTATION DR.
SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
COLLEEN Bannerman
5608 OAK BLUFF LN.
W. L. MINGOTON, NC. 28409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

9419291820

Daytime Phone #