

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90011 037 ***150.00

DOCUMENT # F08327

1. Entity Name

TRACKER CORP.



Principal Place of Business

2109 MEADOWBROOK DRIVE
CLEARWATER FL 33759
US

Mailing Address

2109 MEADOWBROOK DRIVE
CLEARWATER FL 33759
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

~~INCORRECT~~ 59-2044608

57-2501298

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERWIN, TIMOTHY J
2109 MEADOWBROOK DRIVE
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 signature required when reinstating)

DATE

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 PD ☐ Delete
NAME KERWIN, TIMOTHY J
STREET ADDRESS 2109 MEADOWBROOK DRIVE
CITY ST-ZIP CLEARWATER FL 33759

TITLE VS ☐ Delete
NAME KERWIN, KATHLEEN B
STREET ADDRESS 2109 MEADOWBROOK DRIVE
CITY ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

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

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

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

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:

Timothy J. Kerwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

727-799-5293

Date

Daytime Phone #