2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 07, 2007 08:00 AM DOCUMENT # F88890 1. Entity Name Secretary of State TANIT CORPORATION Principal Place of Business Mailing Address 205 ORLANDO BLVD 205 ORLANDO BLVD INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2214097 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, BRUCE A, ESQ Street Address (P.O. Box Number is Not Acceptable) 1825 SO RIVERVIEW DRIVE MELBOURNE FL 32901 City 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 in applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. STD mn Change Addition Delete THE MARX, JENNIFER G. NAME NAME 205 ORLANDO BLVD STREET ADDRESS STREET ADDRESS INDIALANTIC FL CHY-ST-71P CITY-S1-ZIP PD THU: ☐ Detete TITLE ☐ Change Addition MARX, ROBERT F NAMI\* NAME U00000626388 205 ORLANDO BLVD STREET ADDRESS STREET LADDRESS 02/15/07-80018-011 150.00 INDIALANTIC FL CITY-ST-7IP CITY - ST- 7IP ☐ Change Delete Addition HILL TITEF NAMI NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP THE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HILL □ Change ☐ Delete Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+S1-7IP 1000 ☐ Delete TITLE Change Addition NAMI NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-7IP 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 eath; 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: John May 5 Fab 07 321-951-760