

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F98000003802

1. Entity Name  
TEELBARK, INC.



Principal Place of Business  
C/O MICHAEL HALL CPA  
21 SOUTH 12TH ST., STE 402  
PHILADELPHIA, PA 19107

Mailing Address  
C/O MICHAEL HALL CPA  
21 SOUTH 12TH ST., STE 402  
PHILADELPHIA, PA 19107



05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-2829474  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 S. FLAGLER DRIVE, STE 500 EAST  
WEST PALM BEACH, FL 33401

**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

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**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEAN, LEROY
STREET ADDRESS	2004 SPRUCE ST
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	V
NAME	BROWN, EDWARD S
STREET ADDRESS	2228 HILLTOP VIEW ROAD
CITY-ST-ZIP	UNIONVILLE, PA
TITLE	SD
NAME	EISEN, ALBERT
STREET ADDRESS	13585 VERDE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TD
NAME	TUCKER, RICHARD
STREET ADDRESS	221 VINE STREET
CITY-ST-ZIP	PHILADELPHIA, PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000760537  
05/25/07-80015-016-150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2007 215-665-1530