

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000003802 1. Entity Name TEELBARK, INC.	
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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
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04242008 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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEAN, LEROY 2004 SPRUCE ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, EDWARD S 2228 HILLTOP VIEW ROAD UNIONVILLE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EISEN, ALBERT 13585 VERDE DR PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUCKER, RICHARD 221 VINE STREET PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: ESB 4-23-08 215-771-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #