

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 023 ***150.00

DOCUMENT # G20383

1. Entity Name

TAFOLA ENTERPRISES, INC.



Principal Place of Business

**102900 OVERSEAS HIGHWAY #3
KEY LARGO FL 33037
US**

Mailing Address

**P.O. BOX 2388
KEY LARGO FL 33037-7388
US**

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

3. Mailing Address

P.O. Box 901548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOMESTEAD, FL

Zip

Country

Zip

Country

33090

US

4. FEI Number

59-2768324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAFOLA, KENNETH J.
586 BOYD DR
KEY LARGO FL 33037**

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, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TAFOLA, KENNETH J.**
STREET ADDRESS **586 BOYD DR**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE **ST** ☒ Delete
NAME **TAFOLA, MARTIE**
STREET ADDRESS **586 BOYD DR**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08 305-246-5998
Date Daytime Phone #