


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # H58623 |  |
| 1. Entity Name TARPON RIVER BOAT SHOP, INC. | |



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| Principal Place of Business TARPON RIVER BOAT SHOP 5299 2ND RD. LAKE WORTH FL 33467 US | Mailing Address TARPON RIVER BOAT SHOP 5299 2ND RD. LAKE WORTH FL 33467 US |
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| 2. Principal Place of Business TARPON RIVER BOAT SHOP 5299 Second Rd. Lake Worth, FL 33467 | 3. Mailing Address TARPON RIVER BOAT SHOP 5299 Second Rd. Lake Worth, FL 33467 |
| Suite, Apt. #, etc. TARPON RIVER BOAT SHOP | Suite, Apt. #, etc. TARPON RIVER BOAT SHOP |
| City & State Lake Worth, FL 33467 | City & State Lake Worth, FL 33467 |
| Zip 33467 | Country US |

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2562247** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent TARAN, LARRY 5299 2ND RD. LAKE WORTH FL 33467 | |
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| 7. Name and Address of New Registered Agent Name Larry Taran Street Ad 5299 2nd Rd. Lake Worth, FL 33467-5617 City FL Zip Code | |
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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  DATE **2/9/06**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TARAN, LARRY 5299 2ND RD. LAKE WORTH FL 33467 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add U00000424348 02/18/06-80045-020 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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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:  **Larry Taran** **2/9/06** **561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **514-8639**