

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H90913

1. Entity Name
TEN STAR SUPPLY CO., INC.



Principal Place of Business
1208 N. HOWARD AVE
P.O. BOX 4526 (TAMPA, FL 33677)
TAMPA, FL 33607 US

Mailing Address
P. O. BOX 4526
P.O. BOX 4526 (TAMPA, FL 33677)
TAMPA, FL 33677 US

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



01102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2615510 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARSON, NOEL W.
7708 W FOUR PINES RD
PLANT CITY, FL 33566

**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

Russell General Manager

(NOTE: Registered Agent signature required when reinstating)

4-3-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CARSON, NOEL W.
STREET ADDRESS 7708 W FOUR PINES RD
CITY-ST-ZIP PLANT CITY, FL

TITLE D
NAME CARSON, MARGARET M.
STREET ADDRESS 7708 W. FOUR PINES RD.
CITY-ST-ZIP PLANT CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

4-3-06

Date

(813) 254-6921

Daytime Phone #