2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 24, 2006 08:00 AM DOCUMENT # J04824 **Secretary of State** t. Entity Name TEPE UPHOLSTERY, INC. Mailing Address Principal Place of Business 2200 51ST ST SARASOTA FL 34234 2200 51ST ST SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2761907 Not Applicat Zip Country ZID Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEPE, TERRY Street Address (P.C. Box Number is Not Acceptable) 2200 51ST STREET SARASOTA FL 34234 Zip Code City 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 access the obligations of registered agent. SIGNATURE DATE Signature, typed or primed name of registered agent and time if eppticable thOff: Registered Agent appearare required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May C After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TT. TITLE TD Delete TITLE Change NAME TEPE, TERRY NAME U00000445785 STREET ADDRESS STREET ADDRESS 7439 LINDEN LN 03/07/06-80063-013 150.00 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Delete 7177.5 ☐ Channe □ A.1.11.1 SD THE NAME TEPE, GREGORY NAME 5031 INVERNESS DRIVE STREET AUDRESS STREET ADDRESS CHY-ST-ZIP CXY-ST-ZP SARASOTA FL TITLE ☐ Delate ☐ Change Additi PD NAME NAME TEPE, TIMOTHY STREET ADDRESS STREET ADDRESS 833 PONDEROSA PINES LANE City-ST-ZIP CITY-ST-Z0 **BRADENTON FL** ☐ Change TITLE □ Detete TITLE Adding SOUZA, MIKE NAME STREET ADDRESS 2551 WILKINSON ROAD STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-71P TITLE ☐ Detete BILLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Detete ☐ Change Addition Tell E 7176 E NAME NAME STREET AUDIESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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 legat effect as if made under oath, that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

ERRY M. TEPE

SIGNATURE:

FILED

941-358-3335

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