

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J16920

1. Entity Name
TAMPOSI-WILLIAMS COMPANY



FILED

2007 DEC 21 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
250 AVE K, SW
SUITE 103
WINTER HAVEN, FL 33880 US

Mailing Address
250 AVE K, SW
SUITE 103
WINTER HAVEN, FL 33880 US

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

3. Mailing Address

12172007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State

City & State

4. FEI Number
59-2678268

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

CASSIDY, ALBERT B
250 AVE K, SW
SUITE 103
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CASSIDY, ALBERT B.	
STREET ADDRESS	250 AVE K, SW SUITE 103	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CASSIDY, ALBERT B.	
STREET ADDRESS	250 AVE K, SW SUITE 103	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RHINEHART, CAROL C	
STREET ADDRESS	3832 GAINES CT	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12/17/07

Date

863-324-3690

Daytime Phone #