2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # J92005** 1. Entity Name TAVERN ON THE GREEN, PAR 4, INC. Mailing Address Principal Place of Business % JOHN GAVAN BENSON % JOHN GAVAN BENSON 121 7TH AVENUE, SOUTH 121 7TH AVENUE, SOUTH ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 6. Name and Address of Current Registered Agent TARANTINO, MICHAEL J 917 CENTERWOOD DR TARPON SPRINGS, FL 34689

FILED Feb 05, 2007 08:00 AM **Secretary of State**

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				59-284	4549		1	Not Applicable
		and the second	5. Certificate of Status Desired					
	6. Name and Address of Current Regis	tered Agent	A STATE OF THE STA	7 7		v v	ar agast	1.20
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TARANTINO, MICHAEL J 917 CENTERWOOD DR TARPON SPRINGS, FL 34689				DO	NOT W			
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	named entity submits this statement for the p	ourpose of changing its registers	ed office or registe	red agent, or bot	n, in the State of F	iorida. Lan	n famillar witi	n, and accept
the obligat	ions of registered agent.							
SIGNATURE.		facel askin	n Apont signeture require	dukan (a salal sa)		DATE		
·····	Signature, typed or printed name of registered agent and title	i appiicative. (NOTE: neglistere	n whom suffrential radiosa	LI WI IST TOTAL CITY/				
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ted to Fees	00000 02/13/01)06223 7-8002	10 1-012 :	150.00
10.	OFFICERS AND DIREC	CTORS	18 Y (17.7)		2, 2, 1, 1, 2, 1, 2			
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NAME	BENSON, JOHN GAVAN						, ,	
STREET ADDRESS	1080 19TH AVE NO.						10	Same of the second
CITY-ST-ZIP	ST. PETERSBURG, FL 33704							
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CITY-ST-ZIP	TARPON SPRINGS, FL						• •	` ``
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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:

NAME STREET ADDRESS CITY-ST-ZIP

1.11.07

787-821-1418