

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K27473

1. Entity Name
TESAURUS HOLDINGS, INC.



Principal Place of Business
240 CRANDON BOULEVARD
UNIT 110
KEY BISCAYNE, FL 33149 US

Mailing Address
240 CRANDON BOULEVARD
UNIT 110
KEY BISCAYNE, FL 33149 US

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

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0057940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIENE, HERMAN J
240 CRANDON BLVD.
UNIT 110
KEY BISCAYNE, FL 33149

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPT
SCHARENBERG, FRITZ
240 CRANDON BLVD., UNIT 110
KEY BISCAYNE, FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
EVPD
KIENE, HERMAN J
240 CRANDON BLVD., UNIT 110
KEY BISCAYNE, FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
000109595420
09/18/07--01089--008 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
OPRZADEK, RON
240 CRANDON BLVD., UNIT 110
KEY BISCAYNE, FL 33149 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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☐ Delete

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CITY-STATE-ZIP
☐ Change ☐ Addition

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

9-10-07

Date

305361-6161

Daytime Phone #

FILED
07 SEP 13 AM 11:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

