

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # K95091

1. Entity Name

FACTORY DIRECT HOMES OF TAMPA, INC.



Principal Place of Business

6681 49TH STREET NORTH
PINELLAS PARK FL 33781

Mailing Address

6681 49TH STREET NORTH
PINELLAS PARK FL 33781



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

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-2955106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALPRIN, DAVID
6681 49TH STREET NORTH
PINELLAS PARK FL 33781

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

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

NOTE: Registered Agent signature required when reappointing.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST ☐ Delete
NAME HALPRIN, LAURA A
STREET ADDRESS 6681 49TH ST. NO.
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE D ☐ Delete
NAME BRAME, ELAINE J.
STREET ADDRESS 6681 49TH ST NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE DP ☐ Delete
NAME HALPRIN, DAVID A
STREET ADDRESS 6681 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE DS ☐ Delete
NAME HALPRIN, MICHAEL J
STREET ADDRESS 6681 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000919157
CITY-ST-ZIP 05/13/08-80111-009 150.00

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

TITLE ☐ Change ☐ Addition
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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 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 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

David A. Halprin, President

4/17/08 (727) 521-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.