

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L07640

1. Entity Name

HISTORICAL PROPERTIES OF TARPON SPRINGS, INC.



FILED
Jun 11, 2008 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/07)

Principal Place of Business

Mailing Address

LOUIS L. PAPPAS -
1648 SEABREEZE DRIVE
TARPON SPRINGS FL 34689
US

LOUIS L. PAPPAS
1648 SEABREEZE DRIVE
TARPON SPRINGS FL 34689
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

4. FEI Number 59-2971171

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

LOUIS L. PAPPAS
1648 SEABREEZE DRIVE
TARPON SPRINGS FL 34689

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 the filer applicable. (NOTE: Registered Agent signature required when reinstating.) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PAPPAS, LOUIS L.
STREET ADDRESS 1648 SEABREEZE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME U00000952986
STREET ADDRESS 06/11/08-80003-002 550.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME TARAPANI, JOHN
STREET ADDRESS 128 E. TARPON AVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE S ☐ Delete
NAME PUPELLO, JOSEPH C.
STREET ADDRESS 601 S DALE MABRY
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/08 (127) 927-1770