

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90111 033 \*\*\*\*61.25

**DOCUMENT # N95000005831**

1. Entity Name

PI-PA-TAG, INC.



Principal Place of Business

1501 GARDEN AVENUE  
TARPON SPRINGS FL 34689

Mailing Address

1501 GARDEN AVENUE  
TARPON SPRINGS FL 34689

14017593



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3386698

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

7. Name and Address of New Registered Agent

JOHN SALKELLARIDES  
2595 TAMPA RD., STE J  
PALM HARBOR FL 34684

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEHR, JOHN C	
STREET ADDRESS	1501 GARDEN AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMMER, JANE	
STREET ADDRESS	120 CALYLE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOEN, GERALD	
STREET ADDRESS	1104 CLIPPERS WAY	
CITY-ST-ZIP	TARPON SPRINGS FL 34684	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEHNEMAVI, PHYLLIS M	
STREET ADDRESS	20 EXPLOERERS COVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	LISLE, LARRY	
STREET ADDRESS	PENINSULA AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOMOND, QIENNA Dumond	
STREET ADDRESS	1412 POINSETTIA AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIENNA Dumond
STREET ADDRESS	1412 POINSETTIA
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: John C. Lehr John C Lehr

4/25/05

727  
848-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #