

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90119 033 ***150.00

DOCUMENT # P00000012559

1. Entity Name

TARPON CONSTRUCTION, INC.



Principal Place of Business

26266 BARCELOS CT.
PUNTA GORDA, FL 33983

Mailing Address

3355 BEARSS AVE
TAMPA, FL 33618

14019768



03142004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0980577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANDERS, WALTER
3355 BEARSS AVE.
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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

Walter Sanders

Walter Sanders

04/19/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JEMISON, MICHAEL V
STREET ADDRESS 26266 BARCELOS CT.
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE STD
NAME JEMISON, MICHELLE
STREET ADDRESS 26266 BARCELOS CT.
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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:

Michael Jemison Michael Jemison 4/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #