

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AB)

**FILED**

**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000084688**

1. Entity Name

WAYNE TANNER TROPICAL FISH, INC.



Principal Place of Business  
5120 BONITA DRIVE  
WIMAUMA FL 33598

Mailing Address  
5120 BONITA DRIVE  
WIMAUMA FL 33598



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 **59-3708818**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUNTING, HOLLY L  
5432 BONITA DRIVE  
WIMAUMA FL 33598

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	DP	<input type="checkbox"/> Delete
NAME	TANNER, WAYNE L	
STREET ADDRESS	5120 BONITA DRIVE	
CITY-STATE-ZIP	WIMAUMA FL 33598	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TANNER, LINDA L	
STREET ADDRESS	5120 BONITA DRIVE	
CITY-STATE-ZIP	WIMAUMA FL 33598	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POWE, SHANNON L	
STREET ADDRESS	913 LAKEVIEW DRIVE	
CITY-STATE-ZIP	WIMAUMA FL 33598	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BUNTING, HOLLY L	
STREET ADDRESS	5411 RUTH MORRIS ROAD	
CITY-STATE-ZIP	WIMAUMA FL 33598	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000635294  
02/23/07-80008-020 150.00

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 *Linda Tanner* LINDA TANNER V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2007 813-634-2264

Date

Daytime Phone #