

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 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 # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-3708818	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent BUNTING, HOLLY L 5432 BONITA DRIVE WIMAUMA FL 33598	
---	--

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 <i>Holly L Bunting - Treasurer</i>	DATE <i>1-30-08</i>

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
DP TANNER, WAYNE L 5120 BONITA DRIVE WIMAUMA FL 33598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
DV TANNER, LINDA L 5120 BONITA DRIVE WIMAUMA FL 33598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
DS POWE, SHANNON L 913 LAKEVIEW DRIVE WIMAUMA FL 33598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
DT BUNTING, HOLLY L 5411 RUTH MORRIS ROAD WIMAUMA FL 33598	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 110, 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 - V-P *Linda Tanner* **1-30-08** **813-634-2264**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR