

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000073343

1. Entity Name

TAPPER & COMPANY PROPERTIES MANAGEMENT, INC.



Principal Place of Business

**208 MONUMENT AVENUE
PORT ST JOE, FL 32456**

Mailing Address

**P.O BOX 280
PORT ST JOE, FL 32457**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2ED34 (11/05)

4. FEI Number

59-3735900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**KIEHN, ROLAND W ESQ
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

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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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1110100462253
03/21/06-00028-016 150.00

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PT

WARRINER, DAVID

208 MONUMENT AVE-P.O BOX 280

PORT ST JOE, FL 32457

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPS

TAPPER-WARRINER, PATRICIA

208 MONUMENT AVE-P.O BOX 280

PORT ST JOE, FL 32457

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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 exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/06

850227-1111