

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90138 015 \*\*\*150.00

**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**

02192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3735900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

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, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME WARRINER, DAVID  
STREET ADDRESS 208 MONUMENT AVE-P.O BOX 280  
CITY-ST-ZIP PORT ST JOE, FL 32457

TITLE VPS  
NAME TAPPER-WARRINER, PATRICIA  
STREET ADDRESS 208 MONUMENT AVE-P.O BOX 280  
CITY-ST-ZIP PORT ST JOE, FL 32457

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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

**David P. Warriner**

Date

**4/27/07**

**850 227-1111**

Daytime Phone #