

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90183 028 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000096256

1. Entity Name
TEE PEE, INC.



Principal Place of Business
**610 EAST LUMSDEN ROAD
BRANDON, FL 33511**

Mailing Address
**610 EAST LUMSDEN ROAD
BRANDON, FL 33511**

40080797



01042007 No Chg-P CR2E034 (11/06)

4. FEI Number
02-0532480

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

**FRIEDT, K.
610 EAST LUMSDEN ROAD
BRANDON, FL 33511**

**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 \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CINDRICH, THERESA M
STREET ADDRESS	610 EAST LUMSDEN ROAD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	MARVIN E. SHAPENER
STREET ADDRESS	610 East Lumsden Rd
CITY-ST-ZIP	Brandon FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

4/10/07

Date

813-689-2583

Daytime Phone #