

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000103087

1. Entity Name
SEVEN TIGERS TRADING CO.



Principal Place of Business
**165 CARLISLE AVENUE
PORT CHARLOTTE, FL 33952**

Mailing Address
**165 CARLISLE AVENUE
PORT CHARLOTTE, FL 33952**



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0741538

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DURR, FREDERICK L
165 CARLISIE AVE
PORT CHARLOTTE, FL 33952**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Durr, Frederick L
STREET ADDRESS 165 Carlisle Avenue
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/15/04-80003-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04 (941) 286-7347
Date Daytime Phone #