

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90313 027 ***150.00

DOCUMENT # P01000114339

1. Entity Name

TERRENCE N. TULLGREN, INC.



Principal Place of Business

1840 SOUTH TREASURE DRIVE STE 11
NORTH BAY VILLAGE FL 33141

Mailing Address

1840 SOUTH TREASURE DRIVE STE 11
NORTH BAY VILLAGE FL 33141



2. Principal Place of Business

10143 E. BAY HARBOR DR

3. Mailing Address

Suite, Apt. #, etc.

SALE

1st MOORE

CR2E034 (10/05)

City & State

BAY HARBOR IS

City & State

SALE

4. FEI Number

65-1157536

Applied For

Not Applicable

Zip

33154

Country

DADE

Zip

SALE

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TULLGREN, TERRENCE N
1840 SOUTH TREASURE DRIVE STE 11
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name

SUITES A

Street Address (P.O. Box Numbers Not Acceptable)

10143 E. BAY HARBOR DR

City

BAY HARBOR ISLANDS FL

Zip Code

33154

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 file a application

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/18/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 D ☐ Delete
NAME TULLGREN, TERRENCE N
STREET ADDRESS 1840 SOUTH TREASURE DRIVE STE 11
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TULLGREN, Terrence ☐ Change ☐ Addition
NAME
STREET ADDRESS 10143 E. BAY HARBOR DR
CITY-ST-ZIP # 8A

TITLE BAY HARBOR IS, FT. 33154 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

4/18/06