

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005156

Entity Name: 143 TORTUGA CORPORATION

FILED  
Jan 22, 2007  
Secretary of State

## Current Principal Place of Business:

1719 WEST FLETCHER AVE.  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

1719 WEST FLETCHER AVE.  
TAMPA, FL 33612

## New Mailing Address:

FEI Number: 26-0021218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WISE, CECILIA M  
1719 WEST FLETCHER AVE.  
TAMPA, FL 33612 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WISE, CECILIA M MRS.  
Address: 1719 W. FELTCHER AVE.  
City-St-Zip: TAMPA, FL 33612 US

Title: D ( ) Delete  
Name: GRAHAM, STASH J MR.  
Address: 1719 W. FLETCHER AVE.  
City-St-Zip: TAMPA, FL 33612 US

Title: D ( ) Delete  
Name: GRAHAM, SAGE C  
Address: 1719 W. FLETCHER AVE.  
City-St-Zip: TAMPA, FL 33612 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WISE, CECILIA M MS  
Address: 1719 W. FELTCHER AVE.  
City-St-Zip: TAMPA, FL 33612 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA M WISE

PRES

01/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date