

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000087712

1. Entity Name
TIPSY TARPON, INC.



Principal Place of Business
1437 FORRESTEDGE BLVD.
OLDSMAR, FL 34677

Mailing Address
1437 FORRESTEDGE BLVD.
OLDSMAR, FL 34677



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3767649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, BRUCE W
1437 FORRESTEDGE BLVD.
OLDSMAR, FL 34677

**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 _____

**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 PD
NAME BENNETT, BRUCE W
STREET ADDRESS 1437 FORRESTEDGE BLVD.
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE V
NAME BERNITT, WAYNE
STREET ADDRESS 1437 FORRESTEDGE BLVD.
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE SD
NAME BERNITT, ELISABETH
STREET ADDRESS 2276 TONIWOOD LANE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE TD
NAME BENNETT, JULIE
STREET ADDRESS 1437 FORRESTEDGE BLVD
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000709069
04/24/07-80138-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Bruce W. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07
Date

Daytime Phone #

BRUCE W. BENNETT