2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P02000087712

Entity Name: TIPSY TARPON, INC.

Current Principal Place of Business:

1437 FORRESTEDGE BLVD.
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

1437 FORRESTEDGE BLVD.
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3767649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, BRUCE W
1437 FORRESTEDGE BLVD.
OLDSMAR, FL 34677 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:	PD	( ) Delete
Name:	BENNETT, BRUCE W	
Address:	1437 FORRESTEDGE BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	V	( ) Delete
Name:	BERNITT, WAYNE	
Address:	1437 FORRESTEDGE BLVD.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	SD	( ) Delete
Name:	BERNITT, ELISABETH	
Address:	2276 TONIWOOD LANE	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	TD	( ) Delete
Name:	BENNETT, JULIE	
Address:	1437 FORRESTEDGE BLVD	
City-St-Zip:	OLDSMAR, FL 34677	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JULIE BENNETT TD 04/16/2009
Electronic Signature of Signing Officer or Director — Date