

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000111010

1. Entity Name
TARPON COAST HOMES INC.

Principal Place of Business
9213 SAN BERNANDINO AVE
ENGLEWOOD FL 34224

Mailing Address
9213 SAN BERNANDINO AVE
ENGLEWOOD FL 34224

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
75-3084287

5. Certificate of Status Desired

Applied For
Not Applied

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
MOCK, DANNY A
9213 SAN BERNANDINO AVE
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 C
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MOCK, DANNY A
9213 SAN BERNANDINO AVE
ENGLEWOOD FL 34224

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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MOCK, FLOY M
9213 SAN BERNANDINO AVE
ENGLEWOOD FL 34224

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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] 1/24/06 941-350-64

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #