

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90268 030 \*\*\*150.00

DOCUMENT # P03000008850

1. Entity Name  
TARPON MANAGEMENT SERVICES CORPORATION



Principal Place of Business  
26266 BARCELOS COURT  
PUNTA GORDA, FL 33983

Mailing Address  
26266 BARCELOS COURT  
PUNTA GORDA, FL 33983

20041162



2. Principal Place of Business

3. Mailing Address  
16528 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005 Chg-P CR2E034 (10/03)

City & State

City & State  
Tampa, FL

4. FEI Number  
30-0145543

Applied For  
Not Applicable

Zip Country

Zip Country  
33618 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, WALTER  
3355 BEARSS AVE  
TAMPA, FL 33618

Name  
Sanders, Walter

Street Address (P.O. Box Number is Not Acceptable)

16528 N. Dale Mabry Hwy

City FL Zip Code  
Tampa FL 33618

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 Walter Sanders Walter Sanders 3/24/05  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME JEMISON, MICHAEL  
STREET ADDRESS 26266 BARCELOS COURT  
CITY-ST-ZIP PUNTA GORDA, FL 33983

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

TITLE D ☐ Delete  
NAME JEMISON, MICHELLE  
STREET ADDRESS 26266 BARCELOS COURT  
CITY-ST-ZIP PUNTA GORDA, FL 33983

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Jemison Michael Jemison 3/24/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #