2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State
09-24-2004 90001 049 ***163.75

DOCUMENT # P03000068340

1. Entity Name
TARPON SUPPLIES INC.

54073401

Principal Place of Business	Mailing Address
11263 LEDGEMENT LANE WINDERMERE, FL 34786	11263 LEDGEMENT LANE WINDERMERE, FL 34786

2. Principal Place of Business		3. Mailing Address	
630 EMERALDA RD.		SAME AS BLOCK #2	
Suite, Apt. #, etc.: #103		Suite, Apt. #, etc.	
City & State: ORLANDO FLORIDA		City & State	
Zip: 32808	Country: ORANGE	Zip	Country

09212004 Chg-P CR2E034 (10/03)

4. FEI Number 57-1173195 ☐ Applied For ☐ Not Applicable

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
TORANO, JAMES 11263 LEDGEMENT LANE WINDERMERE, FL 34786	Name: TORANO, JAMES Street Address (P.O. Box Number is Not Acceptable): 630 EMERALDA RD. SUITE #103 City: ORLANDO FL Zip Code: 32808

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TORANO, JAMES 11263 LEDGEMENT LANE WINDERMERE, FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TORANO, JAMES 630 EMERALDA RD. STE#103 ORLANDO, FL 32808	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] JAMES A. TORANO 9/21/04 (407)521-9231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #