FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #
1. Entity Name Tarpon Supplies Inc.

P03000068340

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FILED

11 MAY 18 AM 8:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business - No P.O. Box # 992 Summer Lakes Dr
Suite, Apt. # etc.

3. Mailing Address PO Box 618405
Suite, Apt. #, etc.

30020777 9803
05/17/11 CR2E0348 (1/11) **158.75

City & State Orlando FL
Zip 32835 Country USA

City & State Orlando, FL
Zip 32861 Country USA

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name James Torano

Street Address (P.O. Box Number is Not Acceptable) 992 Summer Lakes Dr

City Orlando FL Zip Code 32835

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 _____ President of Tarpon Supplies Inc.
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE 5/10/11

January 1-May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address:
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	James A Torano
STREET ADDRESS	992 Summer Lakes Dr
CITY-ST-ZIP	Orlando FL 32835

TITLE	V VP
NAME	Amanda Moss
STREET ADDRESS	992 Summer Lakes Dr
CITY-ST-ZIP	Orlando FL 32835

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE: _____ James A Torano 5/10/11 321 206 6845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #