2004 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)...

## **Secretary of State** DOCUMENT # P03000123505 02-23-2004 90023 036 \*\*\*150.00 1. Entity Name TARPON LEASING, INC. Principal Place of Business Mailing Address P.O. BOX 651156 VERO BEACH FL 32965-1156 P.O. BOX 651156 VERO BEACH FL 32965-1156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMMARTINO, BETTY J Street Address (P.O. Box Number is Not Acceptable) 983-B-12TH-ST. **VERO BEACH FL 32960** City Zip Code 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 little if applicable. (NOTE: Registered Agent signature required when renstating) FILE NOW!!! FEE IS (150.00) 9. Election Campalgn Financing \$5.00 May Be After May 1: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE ☐ Delete TITLE ☐ Change ☐ Addition SAMMARTINO, ALFRED NAME NAME STREET ADDRESS 51 CASH CAY DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-57-7IP TITLE TITLE ☐ Delete Change . Addition SAMMARTINO, BETTY J NAME NAME 51 CASH CAY DRIVE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition MALGE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

E OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 05, 2004 8:00 am

Daytime Phone #