

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90023 046 ***150.00

DOCUMENT # P03000136804 1. Entity Name TAMAR PROPERTIES HOLDING, CORP.			
Principal Place of Business 5042 CROSS POINTE DR OLDSMAR, FL 34677		Mailing Address 5042 CROSS POINTE DR OLDSMAR, FL 34677	
2. Principal Place of Business 2196 Main St. Suite, Apt. #, etc. Suite C City & State Dunedin, FL Zip 34698 Country Pinellas		3. Mailing Address P.O. Box 1013 Suite, Apt. #, etc. City & State Oldsmar, FL Zip 34677 Country Pinellas	
4. FEI Number 56-2429748		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent COLL, MARTA I 5042 CROSS POINTE DR OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name Marta I 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 <u><i>Marta I Coll</i></u> DATE <u>2/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLL, MARTA I 5042 CROSS POINTE DR OLDSMAR, FL 34677	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 title empowered.			
SIGNATURE: <u><i>Marta I Coll</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Marta I. Coll</u>	
DATE <u>2/11/05</u>		Daytime Phone # <u>727-734-1144</u>	

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