


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90268 037 ***150.00

DOCUMENT # P03000136804 1. Entity Name TAMAR PROPERTIES HOLDING, CORP.			
Principal Place of Business 2196 MAIN ST SUITE C DUNEDIN, FL 34698		Mailing Address PO BOX 1013 OLDSMAR, FL 34677	
2. Principal Place of Business 30351 U.S. Hwy. 19 N.		3. Mailing Address Suite, Apt. #, etc. Suite J	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33761		Country Pinellas	
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. Coll Street Address (P.O. Box Number is Not Acceptable) 10 Summerwinds Lane City Oldsmar FL 34677	
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 Mark Stoll DATE 1/11/06 <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, 2006 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marta I. Coll 10 Summerwinds Lane. Oldsmar, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Daniel Coll, Jr. 10 Ivy Terrace Oldsmar, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Marta S. Coll 10 Ivy Terrace Oldsmar, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Mark Stoll <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/11/06 Daytime Phone #: 727-744-9048	