

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90010 038 ***150.00

DOCUMENT # P04000065957

1. Entity Name

EARTHWORKS OF TAMPA, INC.



Principal Place of Business
14930 LAKE FOREST DRIVE
LUTZ FL 33559

Mailing Address
14930 LAKE FOREST DRIVE
LUTZ FL 33559



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-1028479

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NAN, JAMES T
14930 LAKE FOREST DRIVE
LUTZ FL 33559

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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-STATE-ZIP
P
O'NAN, JAMES T
14930 LAKE FOREST DRIVE
LUTZ FL 33559 ☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/07 813-978-0266
Date Daytime Phone #

To Whom It May Concern, ATTACHMENT 40131463
#P04000065857

The purpose of this letter is to ask for consideration in having the late fee waived. All of the paper was received from your office in plenty of time, I set it aside and due to many family circumstances I totally forget to send it in. Although my husband is President, I am responsible for all of the paperwork and Books, therefore it is my fault. My mother and father-in-law were both diagnosed with cancer during this period of time, I have 2 children under 3 and with the surgeries, radiation, chemo (etc.) I became unorganized and overwhelmed. I also started working part-time from home to help with the co-payments for the million dollars