

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000108732

1. Entity Name
TOUNTAS ENTERPRISES, INC.



Principal Place of Business
13223 US HIGHWAY 19 N
HUDSON, FL 34667 US

Mailing Address
13223 US HIGHWAY 19 N
HUDSON, FL 34667 US



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1393887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOUNTAS, JOHN L
13223 US HIGHWAY 19 N
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOUNTAS, JOHN L
STREET ADDRESS	13223 US HIGHWAY 19 N
CITY - ST - ZIP	HUDSON, FL 34667

TITLE	VP
NAME	TOUNTAS, JOHN L
STREET ADDRESS	13223 US HIGHWAY 19 N
CITY - ST - ZIP	HUDSON, FL 34667

TITLE	SECR
NAME	TOUNTAS, JOHN L
STREET ADDRESS	13223 US HIGHWAY 19 N
CITY - ST - ZIP	HUDSON, FL 34667

TITLE	TREA
NAME	TOUNTAS, JOHN L
STREET ADDRESS	13223 US HIGHWAY 19 N
CITY - ST - ZIP	HUDSON, FL 34667

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/16/07-80062-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-24-07 727-255-3944
Date Daytime Phone #