2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2008 08:00 AN **Secretary of State** DOCUMENT # P04000142091 1. Entity Name TAM ADVERTISING, INC. Principal Place of Business Mailing Address 28461 US HWY 19 28461 US HWY 19 CLEARWATER, FL 33761 CLEARWATER, FL 33761 the compared to the first control of the control of t digi ter Tiran ketalah sebagai ketalah sebagai digi ketalah digi berahan berahan beraham beraham beraha bera No Chg-P CR2E034 (11/05) 01022008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2055193 Not Applicable \$8.75 Additional in the first down in the self service growing and included any interest and constitution of 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GAYLER, THOMAS 2849 PANDOCK DR PALM HARBOR, FL 34684 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 regg SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. and the first of the second OFFICERS AND DIRECTORS 10. and because the relative place are as a second object to the control of the contr PSTD TITLE The state of the s PETERS, TAMMY JUNE NAME 28461 US HWY 19 STREET ADDRESS and the state of the CITY-ST-ZIP CLEARWATER, FL 33761 a filipana kanangan dan kanangan kanangan kanangan pangan kanangan dan kanangan kanangan dan kanangan kanangan 02/13/08-80053-014-150.00 TITLE NAME aliga panggang ng mga ng mga ng mga ng mga na mga ng m STREET ADDRESS CITY-ST-ZIP anning ng changgan ya mangalandah di manda di mangalandah di and the state of the TITLE NAME enger digge gertage beginning største skilde skild flere skilde skilde skilde skilde flere beskelle til skilde STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME krigorija veokriogistijo korvijojiki apoklijovijodovinok veom STREET ADDRESS a na nagy ng pag-agungang na naganaganagan an ang pag-aguna da nagan na nagan nagan nagan nagan nagan nagan na CITY-ST-ZIP and the graph of the first of the second TITLE and the state of the second state of the second NAME and the second of the second o STREET ADDRESS <u>alian kali kalikula ka manatika kalikula kalikula di Koloni. Kali</u> CITY-ST-ZIP TITLE. . maray ing karija je ran inaka dipartir diploja sa tarihi ja kari ranga kari ranga katika kali kari NAME and the state of the STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 repetiver 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

CER OR DIRECTOR

FILED

Daytime Phone #