2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2006 8:00 am Secretary of State

3/.

DOCUMENT # P05000008717 1. Entity Name TORBELAR, INC.									С	3-21-20	006 900	047 011	***	150.00
Principal Place	of Business	Mailing Address					20000079							
221 SOUTH PINELLAS AVENUE Tarpon Springs, FL 34689			221 SOUTH PINELLAS AVENUE TARPON SPRINGS, FL 34689				66008978							
2. Principal Pl	ace of Busin	3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	01312006	С	hg-P	CR2	E034 (11/	05)	
City & State			City & State				4. FEI Num			1 529	s		_	olied For Applicable
Zip	Country - Zip						5. Certificate of Status Desired \$8.75. Addition Fee Required					ional		
<u>-</u>	6. Name	egistered Agent			7. Name and Address of New Registered Agent									
TEZZA, AL 1001 ROSI	ETREE L					Street Address (P.O. Box Number is Not Acceptable)								
TARPON S	PRINGS													
	:				City				<u>-</u>	F	L Zip	Code		
 The above the obligati 	named entil ions of regis	ly submits this statement for itered agent.	the purpose	of changing its	register	ed affice or re	egister	ed agent, or bo	oth, in th	e State of 1	Florida. I a	ım tamiliar	with, a	nd accept
SIGNATURE_	Signature, types	s or printed name of legisteled égent a	nd life if applicat	ne. (NOT	E: Registers	d Agent tigneture	/equired) when reinstaling)			DAI	TE .		· · · · ·
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees														:
16. OFFICERS AND DIRECTORS 11.								ADDITIONS	/CHAN	GES TO O	FFICERS A	ND DIREC	TORS	IN 11
TITLE	DPVS Delete III											Cha	nge	Addition
STREET ADDRESS														
CITY-ST-ZDP	TARPON SPRINGS, FL 34589													
TIFLE	T Delete FOUNTOTOS, THEMIS					E I						Cha	nge	Addition
STREET ADDRESS		SETREE LANE I SPRINGS, FL 34689				ET ADORESS								
TITLE	TARPON	TITL	- 51 - 21P						Cha	nne	☐ Addition			
NAME		NAM							_ ····					
STREET ADORESS CITY-ST-ZIP														
TITLE		£						Cha	inge	Addition				
STREET ADORESS					NAM STRE	EET ADDRESS								
CITY-ST-ZIP	<u> </u>		<u></u>		Crty	-ST-ZIP								
TITLE				Delete	TITL KAN							Ch	nga	Addition
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS -ST-ZIP								
TITLE	-			☐ Delete	IIIL							Chi	inge	Addition
NAME CIRCLI ADDRESS	Į				NAM	l l								
STREET ADDRESS CITY-ST-ZIP						EET ADDAESS 1-S1-ZIP								
12. I hereby indicated of the co-	certify that the certify that the certify that the certification or certif	he information supplied with ort or supplemental report is the receiver or trustee emports trachment with an actives.	this filing do true and accome do ex	pae-not quality (curate and that ecute this repor-	or the ex my signs 1 as requ	emptions cor ture shall havined by Chap	ntained ve the iter 607	d in Chapter 11 same legal effe 7, Florida Statul	9, Florid ict as if i es; and	ta Statutes made unde that my no	i. I further er oath; tha ime appea	certify that at I am an o ars in Block	the int flicer (10 or	ormation or director Block 11 if
indicated on this report or supplemental report is true and factor 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 Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adverse, with all other like empowered. SIGNATURE:														
		SIGNATURE AND THED ON	RINTED NAME (OF SIGNING OFFICE	R OR DIREC	TOR				ate		Daysine Pho	one f	