


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90002 049 \*\*\*150.00

<b>DOCUMENT # P05000009460</b>		
1. Entity Name TEMPFER SERVICES, INC.		

Principal Place of Business 3806 CRESTWOOD DR VALRICO, FL 33594	Mailing Address 3806 CRESTWOOD DR VALRICO, FL 33594
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 9340 N. 56th St. Suite 220 B Tampa, FL 33617 USA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00041006



06132008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2188678	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TEMPFER, ROBERT 3806 CRESTWOOD DR VALRICO, FL 33594	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TEMPFER, ROBERT 3806 CRESTWOOD DR VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **6-13-08 813 601-5872**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #