

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # P05000015188	
1. Entity Name TP GROUP INC	

Principal Place of Business 3163 CURLEW ROAD SUITE 8 OLDSMAR, FL 34677 US	Mailing Address 828 CHRISTINA CIRCLE OLDSMAR, FL 34677
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02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2073163	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TANSO, GERALD 828 CHRISTINA CIRCLE OLDSMAR, FL 34677

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANSO, GERALD 828 CHRISTINA CIRCLE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARISI, DOMINIC 828 CHRISTINA CIRCLE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANSO, SUSAN 828 CHRISTINA CIRCLE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANSO, RACHEL 828 CHRISTINA CIRCLE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PARISI, THOMAS 828 CHRISTINA CIRCLE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/09/08-80114-016 150.00

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 	SUSAN TANSO	3/25/08	927-7848100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #