

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90049 045 ***150.00

DOCUMENT # P05000043532

1. Entity Name
TEERATORN ENTERPRISES, INC.



Principal Place of Business Mailing Address
3796 59TH WAY NORTH 11943 81 AVE. N. 3796 59TH WAY NORTH 11943 81 AVE. N. 40004100
ST. PETERSBURG, FL 33710 N. ST. PETERSBURG, FL 33710 SEMINOLE, FL 33772
SEMINOLE, FL 33772



2. Principal Place of Business - No P.O. Box # 11943 81ST AVE N.
Suite, Apt. #, etc.

3. Mailing Address 11943 81ST AVE N
Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State SEMINOLE
ST. PETERSBURG, FL

City & State SEMINOLE
ST. PETERSBURG, FL

4. FEI Number 20-2556973
Applied For Not Applicable

Zip 33710 Country
33710 33772

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, HENRY
3796 59TH WAY NORTH 11943 81ST AVE N
ST. PETERSBURG, FL 33710 SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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 RICE, HENRY
STREET ADDRESS 3796 59TH WAY NORTH 11943 81ST AVE N.
CITY-ST-ZIP ST. PETERSBURG, FL 33710 SEMINOLE, FL 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Henry Rice*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HENRY RICE PRESIDENT

Date Daytime Phone #