## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL KEPUKI				Secretary of Sta			
DOCU	MENT # P050000553			K	seci eta	iry or Sta	
1. Entity Nam							
SIEVEN	D. TATLOR, INC.						
		,					
Principal Place		Mailing Address		•	•		
7119 LAKERIDGE VIEW CT #502 7119 LAKERIDGE VIEW CT #50 FT MYERS, FL -33907 FT MYERS, FL 33907			U2 ·	·	, .		
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	The second and second s		5. Certificate	of Status Desired		75 Additional Required	
	6. Name and Address of Current R	egistered Agent					1.
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7119 LAKERIDGE VIEW CT #502				יטע	NOT W	KHE	
FIMYERS	S, FL 33907		1 (2)		THIS SP	PACE	94
			Control of the Control			<i></i>   - 11	es act spirits as as a l The state of
8 The above	named entity submits this statement for t	he nurroose of changing its register	ed office or register	red agent or bo		rida 1 am fami	liar with and accept
	ions of registered agent.	no parposo or orientaling to regions.					<b>,,</b> .
SIGNATURE.							•
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE Registers	ed Agent signature required,	d when reinstating)	<del> </del>	DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be			
, After Ma	ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	, □ Add	led to Fees	U0000   OF 755 709	0935050 <u>-80056-</u> 0	16 150.00 <sup>1</sup>
10.	OFFICERS AND D	IRECTORS	ST TOPE TO	1 <sub>6</sub> 30 <sub>3</sub> E	<del>' Varcarue</del> '	<del>-99999-</del>	
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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:

STREET ADDRESS CITY-ST-ZIP

STEUE TAY 60 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

4/27/08

239-247 4997

Daytime Phone #