

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90010 034 ***150.00

DOCUMENT # P05000057381					
1. Entity Name TEMS PROPERTIES, INC.					
Principal Place of Business 6111-18TH ST ZEPHYRHILLS, FL 33542			Mailing Address 6111-18TH ST ZEPHYRHILLS, FL 33542		
2. Principal Place of Business - No P.O. Box # 354 N. Hambleton Dr.		3. Mailing Address P.O. Box 2829			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172008 Chg-P CR2E034 (12/06)	
City & State Inverness FL		City & State Zephyrhills FL		4. FEI Number 20-2725024	
Zip 34453		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, MICHAEL P 6111-18TH ST ZEPHYRHILLS, FL 33542				7. Name and Address of New Registered Agent Name: Michael P. Wood Street Address (P.O. Box Number is Not Acceptable): 354 N. Hambleton Dr. City: Inverness FL Zip Code: 34453	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOD, MICHAEL P 6111-18TH ST ZEPHYRHILLS, FL 33542		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Wood, Michael P 354 N. Hambleton Dr. Inverness, FL 34453	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGAVERN, TIMOTHY D 401 WEST DAVIS BLVD TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <i>Mike P. Wood</i>			2-20-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		