

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

my copy **FILED**
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000070961

1. Entity Name
THE TEMPLE GROUP, INC.



Principal Place of Business
**4405 BUENA VISTA LANE
HOLIDAY, FL 34691 US**

Mailing Address
**4405 BUENA VISTA LANE
HOLIDAY, FL 34691 US**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0983371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEELE, KELLY L
5840 ASHEN AVENUE
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
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 *Kelly Steele*
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**

000000741189
05/15/07-R0019-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEELE, KELLY L 5840 ASHEN AVENUE NEW PORT RICHEY, FL 34652
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IN THIS SPACE**

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: *Kelly Steele*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date

Daytime Phone #