## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

## Mar 10, 2006 8:00 am Secretary of State DOCUMENT # P05000078833 03-10-2006 90016 025 \*\*\*150.00 TARPON CONTRACTING, INC. Principal Place of Business Mailing Address 50001976 24600 SANDHILL BLVD. 24600 SANDHILL BLVD. PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 US US 2. Principal Place of Business 3. Mailing Address 16528 N. Dale Mad Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) Chg-P 4. FEI Number 20-2934286 City & State City & State Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERS, WALTER S Street Address (P.O. Box Number is Not Acceptable) 16528 NORTH DALE MABRY HWY TAMPA, FL 33618 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition JEMISON, MICHAEL NAME NAME 26266 BARCELOS COURT STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33983 CITY-ST-ZIP CITY-ST-ZIP TITLE SEC ☐ Delete Change ☐ Addition JEMISON, MICHELLE NAME NAME STREET ADDRESS 26266 BARCELOS COURT STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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.

**FILED**