

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90197 014 ***150.00

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1. Entity Name
TIM GROGAN ENTERPRISES, CORP.



Principal Place of Business
25400 US HWY 19 NORTH SUITE 168
CLEARWATER, FL 33763

Mailing Address
25400 US HWY 19 NORTH SUITE 168
CLEARWATER, FL 33763

40082863



01082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

4900 Manatee Ave
Ste 101

3. Mailing Address

Same

City & State

Bradenton FL

City & State

Zip Country

Zip

34209

Country

Manatee

4. FEI Number

20-5088126

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROGAN, TIMOTHY M
25400 US HWY 19 NORTH SUITE 168
CLEARWATER, FL 33763

4900 Manatee Avenue Ste 101
Bradenton FL 34209

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 GROGAN, TIMOTHY M
STREET ADDRESS 25400 US HWY 19 NORTH SUITE 168
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Timothy M. Grogan

4/23/07

941 794 0974