

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000021353

1. Entity Name
TRI-PANTHER ORGANIC PRODUCTS, INC.



FILED

2008 MAR 21 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122008 Chg-P CR2E034 (12/06)

Principal Place of Business
9121 FLORIDA BOYS RANCH ROAD
CLERMONT, FL 34711

Mailing Address
PO BOX 215
GROVELAND, FL 34736

2. Principal Place of Business - No P.O. Box #
9121 FL Boys Ranch Rd

3. Mailing Address
same

City & State
Clermont

City & State

Zip
FL

Country
34711

Zip

Country
Lake

4. FEI Number
20-8576070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, BRUCE
9121 FLORIDA BOYS RANCH ROAD
CLERMONT, FL 34711

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPST
MURRAY, BRUCE
9121 FLORIDA BOYS RANCH ROAD
CLERMONT, FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
MURRAY, IAN
9121 FLORIDA BOYS RANCH ROAD
CLERMONT, FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
MURRAY, DANIEL
9121 FLORIDA BOYS RANCH ROAD
CLERMONT, FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
HOGAN, HAROLD
9035 FLORIDA BOYS RANCH RD
CLERMONT, FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
100121315521
03/26/08--01004--020 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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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:

Bruce O. Murray 3-12-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352) 241-8451

Director's Phone #