


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90064 035 ***150.00

DOCUMENT # P94000015016					
1. Entity Name TAMKAR, INC.					
Principal Place of Business 14465 VISTA DEL LAGO BLVD WINTER GARDEN, FL 34787			Mailing Address 8687 W. IRLO BRONSON MEM HWY. SUITE 200 KISSIMMEE, FL 34747		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3228310	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VASON, ROBERT F JR., PA 501 EAST FIFTH AVENUE MOUNT DORA, FL 32756			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 _____ (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 <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	DS LEARY, TAMRA P 1115 E. LIVINGSTON ST. ORLANDO, FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2180 Park Ave N., Ste 300 Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LEARY, WILLIAM N 1115 E. LIVINGSTON ST. ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2180 Park Ave N., Ste 300 Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WISE, KAREN P 1115 E. LIVINGSTON ST. ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2180 Park Ave N., Ste 300 Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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: _____			4/8/08 407-597-3100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					