

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90048 031 ***150.00

DOCUMENT # P94000020330

1. Entity Name
TEPO, INC.



Principal Place of Business
P.O. BOX 881719
PORT SAINT LUCIE FL 34988

Mailing Address
P.O. BOX 881719
PORT SAINT LUCIE FL 34988



2. Principal Place of Business - No P.O. Box #
276 NW TOSCANI TRL

3. Mailing Address

Suite, Apt. #, etc.
PORT ST LUCIE, FL

Suite, Apt. #, etc.

City & State

City & State

Zip
34986

Country
ST LUCIE

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0479373**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLASE, ALLEN
2230 SW 70 AVE
5
DAVIE FL 33317

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
Make Check Payable to Florida Department of State

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
DP
EVANS, THEDA P
276 NW TOSCANI TRAIL
PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VM
EVANS, S W
276 NW TOSCANI TRAIL
PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EVANS, MICHAEL N
400 CONNECTICUT AVE
FLAGLER BEACH FL 32136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

S.W. Evans **S.W. EVANS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/07
Date

772 879-0005
772-879
Daytime Phone #