

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90328 004 ***150.00

DOCUMENT # P95000029669

1. Entity Name

TARQUA HOLDINGS, INC.



Principal Place of Business

10625 FIRST STREET EAST
TREASURE ISLAND FL 33706

Mailing Address

10625 FIRST STREET EAST
TEASURE ISLAND FL 33706

2. Principal Place of Business

3730 BELLE VISTA DR.

3. Mailing Address

3730 BELLE VISTA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

City & State

ST. PETE BEACH, FL

Zip

33706

Country

U.S.A

Zip

33706

Country

U.S.A

4. FEI Number

65-0573668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, JOHN ROY
10625 FIRST STREET EAST
TRASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

JOANNA CHOULS

Street Address (P.O. Box Number is Not Acceptable)

6032 3RD AVE N.

City

ST. PETERSBURG

FL

Zip Code

33710

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

Joanna Chouls
Signature, typed or printed name of registered agent and title if applicable.

SECRETARY
(JOANNA CHOULS)

04/23/04

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	P	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, ROY	
STREET ADDRESS	5505 PUERTA DEL SOL BLVD. #230	
CITY - ST - ZIP	SAINT PETERSBURG FL 33715	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, JEAN	
STREET ADDRESS	5505 PUERTA DEL SOL BLVD #230	
CITY - ST - ZIP	SAINT PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, RICHARD PAUL	
STREET ADDRESS	6032 3RD AVE N	
CITY - ST - ZIP	ST. PETERSBURG, FL 33710	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOULS, JOANNA LEILA	
STREET ADDRESS	6032 3RD AVE N.	
CITY - ST - ZIP	ST. PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joanna Chouls SECRETARY
JOANNA CHOULS

Date

04/23/04

Daytime Phone #

(727) 367-1603x12