

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000033898

1. Entity Name
STARBOARD TEN, INC.



Principal Place of Business
3013 HAWTHORNE ROAD
TAMPA, FL 33611

Mailing Address
3013 HAWTHORNE ROAD
TAMPA, FL 33611

FILED
Apr 18, 2007 08:00 A
Secretary of State



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3381312

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TIMMEL, JOHN C
3013 HAWTHORNE ROAD
TAMPA, FL 33611

**DO NOT WRITE
IN THIS SPACE**

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

U00000713602

04/26/07-00096-020-150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIMMEL, JOHN C
STREET ADDRESS	3013 HAWTHORNE RD
CITY-ST-ZIP	TAMPA, FL
TITLE	ST
NAME	TIMMEL, MARGUERITE
STREET ADDRESS	3013 HAWTHORNE RD
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Marguerite Timmel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07 (813)839-3216