

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000068496

1. Entity Name  
TARRAGONA, INC.



Principal Place of Business  
255 S ORANGE AVE  
SUITE 1700  
ORLANDO, FL 32801

Mailing Address  
255 S ORANGE AVE  
SUITE 1700  
ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #  
420 S. Orange Ave.

3. Mailing Address  
420 S. Orange Ave.

Suite, Apt. #, etc.  
Suite 1200

Suite, Apt. #, etc.  
Suite 1200

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip  
32801

Country  
U.S.A

Zip  
32801

Country  
U.S.A

02232007 Chg-P CR2E034 (12/06)



4. FEI Number  
59-3469031

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, THOMAS T  
255 S ORANGE AVE  
SUITE 1700  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name  
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
515 E. Park Ave.

City Talahassee FL Zip Code 32301

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)

*Kevin R. Roberts, President* 4-9-07  
700057565977

04/19/07--01022--021 \*\*150.00

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD ☐ Delete  
NAME AUFSEESSER, ERNST  
STREET ADDRESS 20, CH. COLLADON, CH-1209 GENEVA  
CITY-ST-ZIP SWITZERLAND,

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

TITLE TD ☐ Delete  
NAME KURZ, PETER  
STREET ADDRESS 35, CH. DE LA SEYMAZ, CH-1253 VANDOEUVRES  
CITY-ST-ZIP SWITZERLAND,

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

TITLE D ☐ Delete  
NAME WEBER, JEAN-PIERRE  
STREET ADDRESS BELCHENSTRASSE 19, CH-4054 BASEL  
CITY-ST-ZIP SWITZERLAND,

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

TITLE PD ☐ Delete  
NAME ROSS, THOMAS T  
STREET ADDRESS 255 S ORANGE AVE  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ED ☒ Change ☐ Addition  
NAME Ross, Thomas T  
STREET ADDRESS Suite 1200, 420 S. Orange Ave  
CITY-ST-ZIP Orlando, FL 32801

TITLE V ☒ Delete  
NAME SAATHOFF, DWIGHT D  
STREET ADDRESS 255 S. ORANGE AVE.  
CITY-ST-ZIP ORLANDO, FL 32801

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*P. Kurz, Treas.* 3/19/07  
Date

Daytime Phone #