

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000074689

1. Entity Name  
TADPOLE, INC.



Principal Place of Business  
474 E UNIVERSITY AVE  
ORANGE CITY, FL 32763

Mailing Address  
474 E UNIVERSITY AVE  
ORANGE CITY, FL 32763



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3481410

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**

MUMFORD, DUANE T  
474 E UNIVERSITY AVE  
ORANGE CITY, FL 32763

**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)

000000913340

05/09/08-00000-000 158.75

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MUMFORD, DUANE
STREET ADDRESS	474 E UNIVERSITY AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	T
NAME	MUMFORD, LYNNE
STREET ADDRESS	474 E UNIVERSITY
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	S
NAME	CMUMFORD-CLAY, KELLY
STREET ADDRESS	474 E UNIVERSITY AVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Duane T. Mumford* DUANE T. MUMFORD  
President Date 4/17/08

Daytime Phone

386-  
795-8366