

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90206 026 ***150.00

DOCUMENT # P97000092401

1. Entity Name
TARPON RIDGE, INC.



Principal Place of Business
**3093 46TH AVENUE NORTH
ST PETERSBURG, FL 33714**

Mailing Address
**3093 46TH AVENUE NORTH
ST PETERSBURG, FL 33714**



2. Principal Place of Business

3. Mailing Address

9741 International Court N.
St. Petersburg, FL 33716

9741 International Court N.
St. Petersburg, FL 33716

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3493288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRIDGEN, GRADY C III
3093 46TH AVE N
SAINT PETERSBURG, FL 33714**

7. Name and Address of New Registered Agent

Name
Street
9741 International Court N.
St. Petersburg, FL 33716
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PRIDGEN, GRADY C III**
STREET ADDRESS **3093 46TH AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **9741 International Court N.**
STREET ADDRESS **St. Petersburg, FL 33716**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: _____ *4/18/05* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #