

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000868

Entity Name: TAPE AND MASTIC, INC.

FILED  
Feb 13, 2008  
Secretary of State

## Current Principal Place of Business:

503 POINSETTIA AVE  
LEHIGH ACRES, FL 33972 FL

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 2019  
LEHIGH ACRES, FL 33970 US

## New Mailing Address:

FEI Number: 65-0807206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FESTERLING, HELMUT  
503 POINSETTIA AVE  
LEHIGH ACRES, FL 33972 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: FESTERLING, DANIELA  
Address: 503 POINSETTIA AVE  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VP,D ( ) Delete  
Name: FESTERLING, HELMUT  
Address: 503 POINSETTIA AVE  
City-St-Zip: LEHIGH ACRES, FL 33972 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELMUT FESTERLING

VP.D

02/13/2008

Electronic Signature of Signing Officer or Director

Date