2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029637

TRIPP, NORMÁN

110 E BROWARD BLVD

FORT LAUDERDALE, FL 33301

Name:

Address:

City-St-Zip:

Entity Name: TARPON POINTE SERVICES, INC.

FILED Feb 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	OWARD BLVD				
FLOOR 14 FORT LA	4 JDERDALE, FI	L 33301			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
110 E BRO	OWARD BLVD				
	JDERDALE, F	L 33301			
FEI Number	: 65-0832784	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above	TH ST, 15TH FI JDERDALE, FI e named entity:	L 33301 US	e purpose of changing its registered	d office or registered agent, or both,	
	e of Florida.				
SIGNATU		nic Signature of Registered A	Agent	 Date	
Election Ca		g Trust Fund Contribution ().	9-11	24.0	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	CEOD (EGAN, MICHAE 110 E BROWA		Title: Name:	() Change () Addition	
City-St-Zip:	FORT LAUDER	RD BLVD DALE, FL 33301	Address: City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip:	VP (DAVISON, NICI 110 E BROWA	DALE, FL 33301) Delete HOLAS	City-St-Zip:	()Change ()Addition	
Title: Name: Address:	VP (DAVISON, NICI 110 E BROWA FORT LAUDER T (LEBOWITZ, RO 110 EAST BRO	DALE, FL 33301 Delete HOLAS RD BLVD DALE, FL 33301 Delete	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NDAVISON VP 02/19/2009