


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90148 037 ***150.00

DOCUMENT # P98000040565 1. Entity Name TSAMOUTALES LIMITED INCORPORATED					
Principal Place of Business 376 LANTERNBACK ISLAND DR. SATELLITE BEACH, FL 32937			Mailing Address 376 LANTERNBACK ISLAND DR. SATELLITE BEACH, FL 32937		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05242006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3561656				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSENDERP, KENZA V 225 SOUTH ADAMS ST STE 200 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TSAMOUTALES, FRANK N 376 LANTERNBAACK ISLAND DR SATELLITE BEACH, FL 32927 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS TSAMOUTALES, KIM H 376 LANTERNBAACK ISLAND DR SATELLITE BEACH, FL 32927 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/31/06 Daytime Phone # _____		

50020664





ATTACHMENT
50020664
Division of Corporations

Annual Report**Annual Report Help**Document Number
P98000040565

Business Entity Name

TSAMOUTALES LIMITED INCORPORATED

FEI Number

593561656

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

376 LANTERNBACK ISLAND DR.

Suite, Apt. #, etc.

City, State

SATELLITE BEACH**FL**

Zip Code & Country

32937**Mailing Address**

Address

376 LANTERNBACK ISLAND DR.

Suite, Apt. #, etc.

City, State

SATELLITE BEACH**FL**

Zip Code & Country

32937**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

ASSENDERP**KENZA****V****- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

225 SOUTH ADAMS ST STE 200

Suite, Apt. #, etc.

City, State

TALLAHASSEE**FL**

Zip Code & Country

32301**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

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#P000004056

- registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

TSAMOUTALES

FRANK

N

- OR -Entity Name to serve as
Officer/Director

Street Address

376 LANTERNBAACK ISLAND DR

City, State

SATELLITE BEACH

FL

Zip Code & Country

32927

Title

VTS

Name (Last, First, Middle, Title)

TSAMOUTALES

KIM

H

- OR -Entity Name to serve as
Officer/Director

Street Address

376 LANTERNBAACK ISLAND DR

City, State

SATELLITE BEACH

FL

Zip Code & Country

32927

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Division of Corporations

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Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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