

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90119 025 ***150.00

DOCUMENT # P98000101606

1. Entity Name
TEAPOT, INC.



Principal Place of Business
**218 WHITEHEAD ST., #1
KEY WEST, FL 33040**

Mailing Address
**218 WHITEHEAD ST., #1
KEY WEST, FL 33040**



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0895874	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

**KRUER, WAYNE
600 WHITEHEAD STREET
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

I, 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 for the above case.

NOTE: Registered Agent Signature required on certain filings.

DATE

**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 PSTD	NAME SELLIER, PATRICIA
STREET ADDRESS 1312 CATHERINE STREET, #UP	
CITY-STATE-ZIP KEY WEST, FL 33040	
TITLE V	NAME SELLIER, DOMINIQUE
STREET ADDRESS 1312 CATHERINE STREET, #UP	
CITY-STATE-ZIP KEY WEST, FL 33040	
TITLE PSTD	NAME SELLIER PATRICIA
STREET ADDRESS 2013 Patterson AV.	
CITY-STATE-ZIP Key West FL 33040	
TITLE V	NAME Sellier Dominique
STREET ADDRESS 2013 Patterson AV.	
CITY-STATE-ZIP Key West FL 33040	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-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: *P Sellier Pro Patricia Sellier* **4/8/08 (305) 2947622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Name