

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000106349

1. Entity Name
TARPON ELECTRIC, INC.



Principal Place of Business

P O BOX 15663
TALLAHASSEE, FL 32317
3666 PEDDIE DRIVE
TALLAHASSEE, FL 32303

Mailing Address

P O BOX 15663
TALLAHASSEE, FL 32317

FILED
2007 SEP 13 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08312007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3549399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEORGE, NICHOLAS M III
3666 PEDDIE R.
TALLAHASSEE, FL 32303

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
GEORGE, NICK M III
P.O BOX 15663
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEORGE, NICK M III
P.O BOX 15663
TALLAHASSEE, FL 32317

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

300109597963
09/18/07--01072--011 **550.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #