

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90340 015 ***150.00

DOCUMENT # P99000057274

1. Entity Name

TITAN TAPE AND REEL, INC.



Principal Place of Business

5088 THYME DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

5088 THYME DRIVE
PALM BEACH GARDENS FL 33418



2. Principal Place of Business - No P.O. Box #

34 DURGIN ROAD

3. Mailing Address

34 DURGIN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

CENTER TUFTON BORO N.H.

City & State

CENTER TUFTON BORO N.H.

4. FEI Number

65-0929202

Applied For

Not Applicable

Zip

03816

Country

USA

Zip

03816

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, RALPH G
5088 THYME DRIVE
PALM BEACH GARDENS FL 33418

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MITCHELL, RALPH G
STREET ADDRESS 5088 THYME DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete
NAME MITCHELL, CAROL A
STREET ADDRESS 5088 THYME DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete
NAME MITCHELL, CARYN B
STREET ADDRESS 5088 THYME DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete
NAME MITCHELL, RALPH G JR
STREET ADDRESS 33 BAYSTATE ROAD
CITY-ST-ZIP LYNNFIELD MA 01940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ralph Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-08

Date

603-539-6181

Daytime Phone #