


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90344 029 ***150.00

DOCUMENT # P99000065596					
1. Entity Name TARPON DRAWSTRINGS, INC.					
Principal Place of Business 735 735 DODECANESE BLVD., #31 TARPON SPRINGS, FL 34689			Mailing Address 735 735 DODECANESE BLVD., #31 TARPON SPRINGS, FL 34689		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3591597	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DOBSON, SANDRA S 1201 WELLINGTON WAY SAFETY HARBOR, FL 34695				7. Name and Address of New Registered Agent Name: <u>Dobson, John W.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1201 Wellington Way</u> City: <u>Safety Harbor</u> FL <u>34695</u>	
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: <u>John W. Dobson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>4-19-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOBSON, SANDRA		NAME	<u>Dobson, John</u>	
STREET ADDRESS	1201 WELLINGTON WAY		STREET ADDRESS	<u>1201 Wellington Way</u>	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		CITY-ST-ZIP	<u>Safety Harbor, FL 34695</u>	
TITLE	<u>Dobson, John</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<u>1201 Wellington Way</u>		NAME		
STREET ADDRESS	<u>Safety Harbor, FL 34695</u>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>John W. Dobson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>4-19-06</u> DAYTIME PHONE #: <u>727-938-1009</u>	