

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000065596

1. Entity Name
TARPON DRAWSTRINGS, INC.



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

04-24-2006 90344 029 ***150.00

Principal Place of Business
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

01252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3591597	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOBSON, SANDRA S
1201 WELLINGTON WAY
SAFETY HARBOR, FL 34695

Name *Dobson, John W.*

Street Address (P.O. Box Number is Not Acceptable)

1201 Wellington Way

City *Safety Harbor* FL Zip Code *34695*

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 *John W. Dobson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4-19-06*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$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	P DOBSON, <i>SANDRA</i> 1201 WELLINGTON WAY SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Dobson, John 1201 Wellington Way Safety Harbor, FL 34695</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Dobson, John 1201 Wellington Way Safety Harbor, FL 34695</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John W. Dobson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06.

722-928-1009

Date

Daytime Phone #