

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000097821

1. Entity Name
STRATEGIC PROGRAMMING PARTNERS, INC.



Principal Place of Business
**34650 US HWY 19 N, SUITE 108
PALM HARBOR, FL 34684**

Mailing Address
**34650 US HWY 19 N, SUITE 108
PALM HARBOR, FL 34684**



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3606795

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PECK & JENKINS CPA'S, PA
34650 US HWY 19 N, SUITE 108
PALM HARBOR, FL 34684**

**DO NOT WRITE
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 \$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**

**000000942522
05/29/08-80023-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
DOMINOWSKI, PETER
3475 TARPON WOODS BOULEVARD
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
EMMONS, TIMOTHY R
3475 TARPON WOODS BOULEVARD
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WILLIAMS, SCOTT C
3475 TARPON WOODS BOULEVARD
PALM HARBOR, FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2008 303823.5811

Date

Daytime Phone #