

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-17-2007 90108 016 ***158.75
S30183

1/2

DOCUMENT # S30183	
1. Entity Name TARPON SPRINGS INSURANCE AGENCY, INC.	
<i>Cpi V. Van Lengel</i>	
Principal Place of Business 313 PARKSIDE LANE SAFETY HARBOR, FL 34695 US	Mailing Address 313 PARKSIDE LANE SAFETY HARBOR, FL 34695 US



07 AUG 21 PM 1:32

STATE
FLORIDA



07122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3047680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VAN LENGEN, VIVIANE C. 1 E TARPON AVE TARPON SPRINGS, FL 34689
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**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 renewing) 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	DP VAN LENGEN, VIVIANE C 313 PARKSIDE LN SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

[Signature] 8/21

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]* **7-12-07 727-726-5047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40125637

2/2

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

** This information cannot be changed on the report. **

Document Number S30183
Business Entity Name TARPON SPRINGS INSURANCE AGENCY, INC.
Original File Date 02/05/1991
FEI Number 59-3047680
Principal Address 313 PARKSIDE LANE
SAFETY HARBOR, FL 34695 US
Mailing Address 313 PARKSIDE LANE
SAFETY HARBOR, FL 34695 US
VAN LENGEN, VIVIANE C.
Registered Agent 1 E TARPON AVE
TARPON SPRINGS, FL 34689 US

Officer/Director Name And Address

DP
VAN LENGEN, VIVIANE C
313 PARKSIDE LN
SAFETY HARBOR, FL 34695

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

select:

☒ No Changes

If you need to make changes to the above information, please select:

☐ Make Changes

C/o. Viviane VanLengen
7-12-07-
I Never Rec'd
Notice - in Mail -
Please Reconstate -
V. VanLengen -
Phes
727-726-5047

MA:
C/o V. VanLengen
313 Parkside Ln
SH-7 34695