


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # S30183</b>	
1. Entity Name TARPO SPRINGS INSURANCE AGENCY, INC.	

Principal Place of Business C/O V. VAN LENGEN 313 PARKSIDE LANE SAFETY HARBOR, FL 34695 US	Mailing Address C/O V. VAN LENGEN 313 PARKSIDE LANE SAFETY HARBOR, FL 34695 US
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04302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3047680	Applied For <input checked="" 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 TARPO AVE  
TARPO SPRINGS, FL 34689

**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

*Viviane C. Van Lengen, Pres.* 727 726-5047 4/30/08

**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**

U00000950659  
06/03/08-80073-028 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAN LENGEN, VIVIANE C 313 PARKSIDE LN SAFETY HARBOR, FL 34695
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**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

Date

Daytime Phone #

*Viviane C. Van Lengen, Pres.* 4/30/08 727-726-5047