2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000006073

1. Entity Name

TAC ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1291 LAUREL COURT MARCO ISLAND FL 34145	1291 LAUREL COURT MARCO ISLAND FL 34145

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3428709 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUCKER, E. GLENN 950 NORTH COLLIER BLVD SUN BANK CENTRE, STE 204 MARCO ISLAND FL 34145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	CP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COOPER, THOMAS A		NAME	U00000424293
STREET ADDRESS	1291 LAUREL COURT		STREET ADDRESS	02/18/06-80042-007 150.00
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COOPER, AJUNE		NAME	
STREET ADDRESS	1291 LAUREL COURT		STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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 Section 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: THOMAS A. COOPER