


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 229741 1. Entity Name A.B. TAFF AND SONS INC.	
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FILED

06 APR 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1541 SHELL POINT ROAD CRAWFORDVILLE, FL 32327	Mailing Address 322 MCDANIEL STREET TALLAHASSEE, FL 32303 US
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2. Principal Place of Business 322 McDaniel Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04182006 Chg-P CR2E034 (11/05)

City & State Tallahassee, FL	City & State	4. FEI Number 59-0880992	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 32303	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BROWARD, TAFF JR 322 MCDANIEL STREET TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Broward Taff Jr* (NOTE: Registered Agent signature required when reinstating) DATE: 4/18/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	RC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFF, BROWARD JR	NAME	
STREET ADDRESS	322 MCDANIEL STREET	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE, FL 32303	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	400072938774
STREET ADDRESS		STREET ADDRESS	05/01/06--01004--004 **150.00
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Broward Taff Jr* (850) 224-2422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/18/06 Daytime Phone #

BROWARD TAFF, JR Receiver