## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 622595** 

**Entity Name: TARA MORTGAGE CORPORATION** 

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4300 BAYOU BLVD SUITE 1 4300 BAYOU BLVD

PENSACOLA, FL 32503 SUITE #1

PENSACOLA, FL 32503 US

**Current Mailing Address: New Mailing Address:** 

4300 BAYOU BLVD 4300 BAYOU BLVD SUITE 1

PENSACOLA, FL 32503 US SUITE #1

PENSACOLA, FL 32503 US

FEI Number: 59-1960869 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILMORE, M DIANE GILMORE, M. DIANE 4730 HOWE STREET 4730 HOWE STREET

US US PENSACOLA, FL 32504 PENSACOLA, FL 32504

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.

SIGNATURE: M. DIANE GILMORE 04/27/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title:

MUZZY, M ELESHA, Name: Name: MUZZY, M. ELESHA 2250 OXFORD PL 2250 OXFORD PL Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503

Title: PTD Title: () Delete (X) Change ( ) Addition

GILMORE, M DIANE, GILMORE, M. DIANE Name: Name: 4730 HOWE ST 4730 HOWE ST Address: Address:

PENSACOLA, FL 00000 PENSACOLA, FL 32504 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition VTS () Delete VTS

GILMORE, J MIKE, Name: GILMORE, J. MIKE Name: 4578 WHISPER CIR 4578 WHISPER CIR Address: Address: City-St-Zip: PENSACOLA, FL 00000, City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: J. MIKE GILMORE 04/27/2005