


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90036 011 \*\*\*150.00

<b>DOCUMENT # 814294</b>	
1. Entity Name <b>TAMIAMI BASKET CENTER, INC.</b>	

Principal Place of Business <b>PO BOX 710 PUTNEY, VT 05346 US</b>	Mailing Address <b>THOMAS W. COSTELLO, P.C. PO BOX 483, 51 PUTNEY RD BRATTLEBORO, VT 05301</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03032006 Chg-P CR2E034 (11/05)

4. FEI Number <b>03-0211496</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BERG, SKIP 1872 S. TAMIAMI TRAIL SUITE D VENICE, FL 34293</b>		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D OBUCHOWSKI, MICHAEL 72 ATKINSON ST. BELLOWS FALLS, VT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD WILSON, GREGORY D RIVER ROAD PUTNEY, VT</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S COSTELLO, THOMAS W 51 PUTNEY ROAD BRATTLEBORO, VT 05301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Thomas W. Costello* **3/9/06** **(802) 257-5533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Thomas W. Costello, Secretary**

ATTACHMENT 40031290  
COSTELLO WRIGHT #814294

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THOMAS W. COSTELLO  
STEVEN B. WRIGHT

A Professional Association of Lawyers

March 9, 2006

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Re: Tamiami Basket Center, Inc.

Dear Sir/Madam:

Enclosed please find the Annual Report for the above corporation, along with a check in the amount of \$150.00 to cover the fee.

Thank you.

Yours truly,



Carolyn Peck  
Legal Assistant

CP/cp

Enclosures

cc: Gregory D. Wilson  
Skip Berg, Esq.  
Joseph Pieciak & Company

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