

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828188

FILED
Apr 27, 2005
Secretary of State

Entity Name: TACONY CORPORATION

Current Principal Place of Business:

1760 GILSINN LN.
P.O.BOX 730
FENTON, MO 63026

New Principal Place of Business:

Current Mailing Address:

1760 GILSINN LN.
P.O.BOX 730
FENTON, MO 63026

New Mailing Address:

FEI Number: 43-0742269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, DAVID
6635 HWY AVE
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HINDERER, H. WILLIAM, III
Address: 12308 CRYSTAL VIEW LANE
City-St-Zip: ST. LOUIS, MO 63131

Title: PD () Delete
Name: TACONY, KENNETH,
Address: 36 FAIR OAKS
City-St-Zip: ST LOUIS, MO 63124

Title: TD () Delete
Name: TACONY, KATHLEEN
Address: 36 FAIR OAKS
City-St-Zip: ST LOUIS, MO 63124

Title: EV () Delete
Name: TACONY HUMPS, KRISTEN
Address: 1665 ANDREW DR.
City-St-Zip: SAINT LOUIS, MO 63122

Title: S () Delete
Name: HINDERER, AMY
Address: 12308 CRYSTAL VIEW LANE
City-St-Zip: ST LOUIS, MO 63131

Title: D () Delete
Name: TACONY, KENNON M
Address: 216 16TH PLACE UNIT J
City-St-Zip: COSTA MESA, CA 92627

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EV (X) Change () Addition
Name: TACONY HUMES, KRISTEN
Address: 1665 ANDREW DR.
City-St-Zip: SAINT LOUIS, MO 63122

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLIAM LUMB

M

04/27/2005

Electronic Signature of Signing Officer or Director

Date