



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F27016</b> 1. Entity Name TAGGART PROPERTIES, INC.		
Principal Place of Business 16401 AVILA BLVD SUITE 130 TAMPA, FL 33613 US	Mailing Address PO BOX 981 TAMPA, FL 33601 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  TAGGART, JOSEPH W. 16401 AVILA BLVD TAMPA, FL 33613		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT TAGGART, JOSEPH W. 16401 AVILA BLVD TAMPA, FL	  03152007 No Chg-P CR2E034 (11/05)  4. FEI Number 59-2123334 Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  1100000670497 03/27/07-80113-024 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DEAKIN, BARBARA M 1408 S DE SOTO AVE TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Barbara Deakin</u> <b>BARBARA DEAKIN</b> 3/15/07 813 431 2811 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		