2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #F36765 01-28-2005 90015 038 ***150.00 1. Entity Name TACKLEY ENTERPRISES, INC. Principal Place of Business Mailing Address 12330 49TH STR NO 12330 49TH STR NO 40007812 CLEARWATER, FL 24828 CLEARWATER, FL 34622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-2099770 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TACKLEY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 12330 49TH STR NO CLEARWATER, FL S4622 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1; 2005 Fee will be \$550.00 Missis Ind _Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 PD TITLE ☐ Delete TITLE **X**Change TACKLEY, MICHAEL NAME NAME STREET ADDRESS 12330 49TH ST N STREET ADDRESS Clearwater, FL 33762 CITY+ST-7IP CLEARWATER, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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 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 signature shall have the same legal effect as if made under eath; 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.

IGNING OFFICER OR DIRECTOR

FILED Jan 28, 2005 8:00 am