

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

|                                                                                    |                                                                                   |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F93000000863</b><br>1. Entity Name<br><b>TANNER ENTERPRISES INC.</b> |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>6612 CHAROLAIS DR.<br/>LAKELAND, FL 33809</b> | Mailing Address<br><b>6612 CHAROLAIS DR.<br/>LAKELAND, FL 33809</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03072004 No Chg-P CR2E034 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3153619</b> | Applied For<br>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<br><br><b>PURVIS, SANDY A<br/>6612 CHAROLAIS DR.<br/>LAKELAND, FL 33809</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

|                                                                               |                                                                                                                           |                                                          |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>U000000084336</b><br><b>03/11/04-80002-Q10 150.00</b> |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                      |
|----------------------------------------------------|----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PURVIS, HELEN<br>3234 MAGNOLIA AVE<br>FALLS CHURCH, VA 22041    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>PURVIS, SANDY A<br>6612 CHAROLAIS DR.<br>LAKELAND, FL 33810     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>PURVIS, STEPHEN B<br>6612 CHAROLAIS DR.<br>LAKELAND, FL 33810   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ANDERSON, STELLA A<br>370 SIR JOHNS RD<br>CLEAR BROOK, VA 22624 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>KELLEY, JOHNSON P DR<br>410 5TH ST NE<br>NAPLES, FL 34120       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                      |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sandy A Purvis President* 3-8-04 863-853-4616  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #