

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000004029

1. Entity Name

TAUT INC.



Principal Place of Business

10180 RIVERSIDE DR #5
PALM BCH GARDENS FL 33410

Mailing Address

2571 KANEVILLE CT
GENEVA IL 60134
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1420886

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCFARLANE, RICHARD H
10180 RIVERSIDE DR #5
PALM BCH GARDENS FL 33410

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENSETH, RONALD D 367074 FIELDCREST SAINT CHARLES IL 60174	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MCFARLANE, RICHARD H 1190 SINGER DR RIVIERA BCH FL 33404	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB MCFARLANE, GARY G 2100 S OCEAN LANE, APT 1705 FORT LAUDERDALE FL 33316-3827	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCFARLANE, MATTHEW S 39 W 551 WALT WHITMAN RD SAINT CHARLES IL 60175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRIZUELA, RAUL N 39W 716 HENRY DAVID THOREAU PL SAINT CHARLES IL 60175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

R.D. Kenseth R.D. KENSETH VP of OPERATIONS 2/8/06 630/232-2507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #