

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90027 011 ***150.00

DOCUMENT # H26615

1. Entity Name

TAMARIND GROUP, INC.



Principal Place of Business

1655 E. SEMORAN BLVD.
SUITE 33
APOPKA FL 32703
US

Mailing Address

P.O. BOX 2431
APOPKA FL 32704-2431



2. Principal Place of Business

1463 STONEYWOOD WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Apopka, FL

City & State

4. FEI Number

59-2604892

Applied For

Not Applicable

Zip

32712

Country

ORANGE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNS, BURDETTE W.
1463 STONEYWOOD WAY
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

TITLE P ☐ Delete
NAME BARNS, BURDETTE W.
STREET ADDRESS 1463 STONEYWOOD WAY
CITY-ST-ZIP APOPKA FL 32712

TITLE VST ☐ Delete
NAME BARNS, CAPRICA P.
STREET ADDRESS 1463 STONEYWOOD WAY
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

B.W. Barnes B.W. BARNES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 407-889-4777
Date Daytime Phone #