

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # H51821 1. Entity Name TAAFFE & ASSOCIATES, INC.	
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Principal Place of Business % JAMES R. NIESET 5045-38TH AVE.,N. ST. PETERSBURG, FL 33710	Mailing Address % DON R. TAAFFE 5045-38TH AVE.,N. ST. PETERSBURG, FL 33710
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07192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

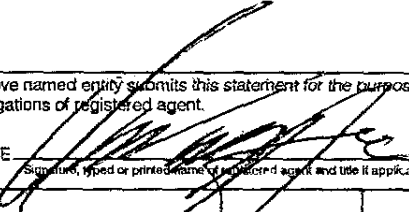
4. FEI Number 59-2247138	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NIESET, JAMES R. 6740 CROSSWINDS DR.,N.#C ST. PETERSBURG, FL 33710

DO NOT WRITE IN THIS SPACE

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  DATE 7-19-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEB 15 \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

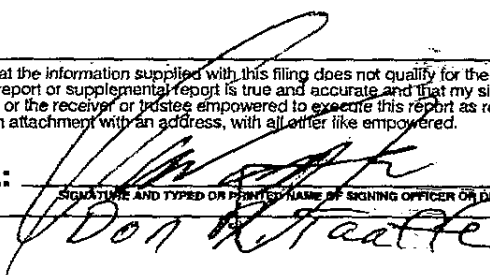
☒ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAAFFE, DON R. SR. 5045 38TH AVENUE NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAAFFE, MARGUERITE A. 5045-38TH AVE.,N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAAFFE, DONALD R. JR. 5045 38TH AVE N ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000374589 07/26/05-80007-001 155.00
DO NOT WRITE IN THIS SPACE

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:  DATE 7-19-05 (927) 522-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR