


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J04512</b> 1. Entity Name BOB TAGGE INTERIORS, INC.	
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Principal Place of Business 1211 SW 15 ST BOCA RATON, FL 33486 US	Mailing Address 1211 SW 15 ST BOCA RATON, FL 33486 US
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**DO NOT WRITE IN THIS SPACE**



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2682790	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  TAGGE, ROBERT W. 7751 FORESTAY DR. LAKE WORTH, FL 33467
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when certifying) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAGGE, ROBERT W. 1211 SW 15 ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TAGGE, CYNTHIA D. 1211 SW 15 ST BOCA RATON, FL 33486
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01/20/04-80037-016 150.00

**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)(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 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:** Robert W. Tagge **ROBERT W. TAGGE** 1-15-04 541-393-7035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #