

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-16-2005 90002010 ***150.00

FILED J08458
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 29 AM 8:16

DOCUMENT # J08458

1. Entity Name
TARA INVESTMENT GROUP, INC.



Principal Place of Business
433 SOUTH PINE STREET
SEBRING, FL 33870

Mailing Address
P.O. BOX 3747
SEBRING, FL 33871-3747

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

05092005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2793457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORGEMEISTER, JOHN
433 SOUTH PINE STREET
SEBRING, FL 33871-3747

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BORGEMEISTER, JOHN
433 SOUTH PINE STREET
SEBRING, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DST
BORGEMEISTER, PEGGY A.
212 BAY BLOSSOM DRIVE
SEBRING, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BORGEMEISTER

06.01.05

Date

(863)
385.1717

Daytime Phone #