

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16994

Entity Name: TIR NA N' OG, INC.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

C/O MAUREEN LOUGHMAN ABEL
24 NE 325TH TRAIL
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

C/O MAUREEN LOUGHMAN ABEL
24 NE 325TH TRAIL
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 59-2698606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL, MAUREEN LOUGHM
24 NE 325TH TRAIL
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: ABEL, JOHN G
Address: 24 NE 325TH TRAIL
City-St-Zip: OKEECHOBEE, FL

Title: DPS () Delete
Name: ABEL, MAUREEN LOUGHM
Address: 24 NE 325TH TRAIL
City-St-Zip: OKEECHOBEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN LOUGHMAN ABEL

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01/13/2005

Electronic Signature of Signing Officer or Director

Date