

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90188 040 ***150.00

DOCUMENT # J67152 1. Entity Name TARA-MANATEE, INC.			
Principal Place of Business 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112 US		Mailing Address 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112-4885 US	
2. Principal Place of Business 3050 N. Horseshoe Dr. Suite, Apt. #, etc. 105		3. Mailing Address 3050 N. Horseshoe Dr. Suite, Apt. #, etc. 105	
City & State Naples, FL Zip 34104		City & State Naples, FL Zip 34104	
Country US		Country US	
4. FEI Number 59-2793640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGS, WILLIAM T 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Dr. Suite 105 City Naples	
FL		Zip Code 34104	
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 <u><i>William T. Higgs</i></u> William T. Higgs 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIGGS, WILLIAM T 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HIGGS, ANTONIA M 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOIACANO, LISA F 2666 AIRPORT ROAD SOUTH NAPLES, FL 341124885	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGNELLI, JOHN J 2666 AIRPORT RD S NAPLES, FL 341124885	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3050 N. Horseshoe Dr. #105 Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3050 N. Horseshoe Dr. #105 Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3050 N. Horseshoe Dr. #105 Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3050 N. Horseshoe Dr. #105 Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Lisa F. Loiacano</i></u> Lisa F. Loiacano 4/25/06 239-775-1398 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			