

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90561 005 \*\*\*150.00

<b>DOCUMENT # M50849</b> 1. Entity Name <b>TAVISTOCK FINANCIAL CORPORATION</b>					
Principal Place of Business <b>9801 LAKE NONA RD ORLANDO, FL 32827 US</b>			Mailing Address <b>200 SOUTH ORANGE AVE 2300 ORLANDO, FL 32801 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>255 SOUTH ORANGE AVENUE SUITE 1700</b>		<b>20036146</b>  	
City & State		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>59-2801133</b>	
Zip <b>32801</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMERICAN INFORMATION SERVICES, INC. 255 S ORANGE AVE. SUITE 1700 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THAKKAR, RASESH 9801 LAKE NONA RD ORLANDO, FL 32827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERTON, VIVIENNE 9801 LAKE NONA RD ORLANDO, FL 32827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VOSS, JEFFERSON R. 9801 LAKE NONA RD ORLANDO, FL 32827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, CHARLES 9801 LAKE NONA RD ORLANDO, FL 32827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANAND, CHRISTOPHER 9801 LAKE WONG RD ORLANDO, FL 32827	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, VIVIENNE 9801 LAKE NONA ROAD ORLANDO, FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, DOUG 9801 LAKE NONA ROAD ORLANDO, FL 32827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVERTON, TOBY 9801 LAKE NONA ROAD ORLANDO, FL 32827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANAND, CHRISTOPHER 9801 LAKE NONA ROAD ORLANDO, FL 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOFF, BARRY 9801 LAKE NONA ROAD ORLANDO, FL 32827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>		4/4/05 707-876-8800 <small>Date Daytime Phone *</small>			