


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90054 043 ****70.00

DOCUMENT # N04000000550	
1. Entity Name USS TACONIC ASSOCIATION, INC.	

Principal Place of Business 11532 W CLUBVIEW DR HOMOSASSA, FL 34448	Mailing Address C/O ALLAN BRILLINGER 9415 NEW ORLEANS DR WEEKI WACHEE, FL 34613
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2. Principal Place of Business 9415 NEW ORLEANS DR.	3. Mailing Address 9415 NEW ORLEANS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEEKI WACHEE, FL	City & State WEEKI WACHEE, FL
Zip 34613	Zip 34613
Country USA	Country USA

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3209967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CATER, JOSEPH 11532 W CLUBVIEW DR HOMOSASSA, FL 34448		7. Name and Address of New Registered Agent Name BRILLINGER, ALLAN Street Address (P.O. Box Number is Not Acceptable) 9415 NEW ORLEANS DR. City WEEKI WACHEE, FL Zip Code 34613	
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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 *Allan Brillinger* **ALLAN BRILLINGER** **1-14-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIEMEYER, CHARLES 14238 SPANISH WELLS DR HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, RAY 836 WATER RIDGE DR DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTER, JOSEPH 11532 W CLUBVIEW DR HOMOSASSA, FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRILLINGER, ALLAN 9415 NEW ORLEANS DR. WEEKI WACHEE, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSELIN, DAVE 160 WOODMILL BLVD COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, FRANK 105 GORSUCH RD TIMONIUMA, MD 21093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, JIM 439 BIMINI CAY CIR VERO BEACH, FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 617, 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: *Allan Brillinger* **ALLAN BRILLINGER** **1-14-05** **352-597-9946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #