2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 08:00 A
Secretary of State

DOCUMENT # P00000104884

1. Entity Name
TAVERNIER 2 INC.

Principal Place of Business	Mailing Address
229 ABERDEEN CT TAVERNIER, FL 33070	229 ABERDEEN CT TAVERNIER, FL 33070

07242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084622
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEER, ALICIA
229 ABERDEEN CT
TAVERNIER, FL 33070

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	ANCHORS, CHARLES W
STREET ADDRESS	401 S.E. 3RD AVE
CITY-ST-ZIP	DANIA, FL
TITLE	DV
NAME	GEER, ROY
STREET ADDRESS	229 ABERDEEN CT
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	DST
NAME	GEER, ALICIA
STREET ADDRESS	229 ABERDEEN CT
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	VPD
NAME	PHILLIPS, GEORGE R
STREET ADDRESS	229 ABERDEEN CT
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000375960
08/08/05-80006-020 550.00

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #