

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000005143

1. Entity Name
TALLAHASSEE TRADE FAIRE, INC.



FILED

04 JAN 13 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2945 SPINNAKER COURT
TALLAHASSEE, FL 32303

Mailing Address
2945 SPINNAKER COURT
TALLAHASSEE, FL 32303

2. Principal Place of Business

6974 Tower Rd
Suite, Apt. #, etc.

3. Mailing Address

6974 Tower Rd
Suite, Apt. #, etc.



01132004 Chg-P CR2E034 (10/03)

City & State

Tallahassee, FL

City & State

Tallahassee

4. FEI Number
30-0074276

Applied For
Not Applicable

Zip
32303

County
Leon

Zip
32303

County
Leon

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

6. Name and Address of Current Registered Agent

WINANS, JAN L
2945 SPINNAKER CT
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name: Kathryn Bradley Wilson
Street Address (P.O. Box Number is Not Acceptable)
6974 Tower Rd
City: Tall FL Zip Code: 32303

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

K B Wilson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-4

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WINANS, JAN L	
STREET ADDRESS	2945 SPINNAKER CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William H. Wilson Jr	
STREET ADDRESS	6974 Tower Rd	
CITY-ST-ZIP	Tall, FL 32303	
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN BRADLEY WILSON	
STREET ADDRESS	6974 Tower Rd	
CITY-ST-ZIP	Tall, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000026856180
01/13/04--01070--001 **185.00

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.

SIGNATURE:

K B Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-04 850 3868906