


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90007 023 ***150.00

| | |
|---|---|
| DOCUMENT # P01000068075 1. Entity Name TAVARES ENTERPRISE, INC. |  |
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| Principal Place of Business 6275 WHISPERING WAY ORLANDO, FL 32807 | Mailing Address 6275 WHISPERING WAY ORLANDO, FL 32807 |
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 59-3732899 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent TAVARES, ARNALDO F 6275 WHISPERING WAY ORLANDO, FL 32807 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TAVARES, ARNALDO 6275 WHISPERING WAY ORLANDO, FL 32807 |
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Attachment
ID# PD1000068015
94008286

Mailing Address:

Tavares Enterprise Inc
252 Hawthorne Groves Blvd # 103
Orlando, FL
32835-8504