

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000000066

1. Entity Name
TARA CONSTRUCTION CO., INC.



Principal Place of Business
**422 TIMBERWOOD TRAIL
OVIEDO, FL 32765**

Mailing Address
**422 TIMBERWOOD TRAIL
OVIEDO, FL 32765**



05042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2111002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOWLKES, GREGG W
422 TIMBERWOOD TRAIL
OVIEDO, FL 32765**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOWLKES, GREGG W
STREET ADDRESS	422 TIMBERWOOD TRAIL
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	FOWLKES, LINDA A
STREET ADDRESS	422 TIMBERWOOD TRAIL
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000563125
05/19/06-80083-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gregg W. Fowlkes* *Linda A. Fowlkes* *5/3/06* *321-323-*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #