FROM :

FAX NO. :

5/9

FILED
Jun 23, 2006 8:00 am
Secretary of State
05-09-2006 90088 045 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000082627

1. Entity Name
TABY ENTERPRISE OF OSCEOLA, INC.

Principal Place of Business	Mailing Address
9306 BARRINGTON OAKS DR DOVER, FL 33527	~~9306 BARRINGTON OAKS DR~~ ~~DOVER, FL 33527~~ 5015 BEECHCRAFT WAY SEFFNER, FL 33584

66020515

DO NOT WRITE IN THIS SPACE

04272008 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1544985

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASLAM BUTT, MUHAMMAD
~~9306 BARRINGTON OAKS DR~~
~~DOVER, FL 33527~~
5015 BEECHCRAFT WAY
SEFFNER, FL 33584

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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 _____ DATE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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
NAME	ASLAM BUTT, MUHAMMAD
STREET ADDRESS	~~9306 BARRINGTON OAKS DR~~
CITY-ST-ZIP	~~DOVER, FL 33527~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESIGNEE) Date Daytime Phone #