


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000133689 |  |
| 1. Entity Name TAGCO INC. | |

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| Principal Place of Business 5185 PERCHERON DR MELBOURNE, FL 32934 | Mailing Address 5185 PERCHERON DR MELBOURNE, FL 32934 |
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 01-0760997 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BICKFORD, ROBERT E
2101 S. WAVERLY PLACE
SUITE E
MELBOURNE, FL 32901

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

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|---|---|---|
| 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 | 000000126478 04/23/04-80035-016 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GUTWEIN, TED 5185 PERCHERON DR. MELBOURNE, FL 32934 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GUTWEIN, JONALENE T 5185 PERCHERON DR MELBOURNE, FL 329347843 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME 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 exemption stated in Section 1907(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: JONALENE T GUTWEIN **4/20/04** **321-259-1845**

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