## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P03000029549  1. Entity Name TARAS T-C, INC				Secretary of State 04-13-2005 90036 039 ***150.00			
Principal Plac	ee of Business	Mailing Address	<u> </u>				
	<del>IIGHWAY-90</del>	-402 EAST HIGHWAY	90-	- 1			
BONIFAY		B <del>ONIFAY FL 32426</del> T- <i>RJ</i> 198	Nifey Fl 3	Airport Rd.			
RONH	Tris-County Airpor	Bo	Nifey Fl 3	2425			
	Place of Business						
Suite, Apt.	Tricounty airfort Rd	1983 TriCounty Suite, Apt. #, etc.	HIPPORT Rd	1	CD05004 (40/04)		
				1st MOORE	CR2E034 (10/04)		
City & Sta		City & State	1	4. FEI Number 81-060288	7	olied For	
BONITOS	Country	BONITON F	Country		*     Not	Applicable	
32425	- Holmes	32425	Holmes	Certificate of Status Desired	Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent		
- 11A	DDOOK PRESTON		Name	•			
HADDOCK, PRESTON 401 EAST HIGHWAY 90			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	NIFAY FL 32425						
					<del>-</del> -		
	**	•	City		FL Zip Code	•	
	named entity submits this statement fo	r the purpose of changing its	registered office or re	istered agent, or both, in the State of F	lorida. I am familiar with, a	and accept	
the obliga	tions of registered agent.						
SIGNATURE							
And the state of t	Signature, typed or printed name of registered agents	and title if applicable (NOI	E: Registered Agent signature r	duired when reinstating)	DATE		
		الداها فأوالو الاستان الو					
	ILE NOW!!! FEE IS \$150.00			9. Election Camp	paign Financing \$5.0	00 May Be	
2 After	May 1, 2005 Fee Will Be \$550.00			9. Election Camp Trust Fund Co		00 May Be d to Fees	
After Make Chec	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of	l State	I 11	Trust Fund Co	ntribution.	d to Fees	
2 After	May 1, 2005 Fee Will Be \$550.00	DIRECTORS	11.		ntribution. Adde	d to Fees	
Make Chec	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND	l State	11. THE NAME	Trust Fund Co	ntribution.	d to Fees	
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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

4/9/05 Date 850-547-65/9