

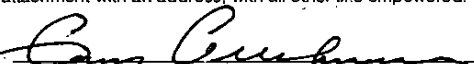


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-13-2005 90036 039 ***150.00

DOCUMENT # P03000029549 1. Entity Name TARAS T-C, INC					
Principal Place of Business 402 EAST HIGHWAY 90 BONIFAY FL 32425 1983 Tri-County Airport Rd Bonifay FL 32425				Mailing Address 402 EAST HIGHWAY 90 BONIFAY FL 32425 1983 Tri-County Airport Rd Bonifay FL 32425	
2. Principal Place of Business 1983 Tri-County Airport Rd Suite, Apt. #, etc.		3. Mailing Address 1983 Tri-County Airport Rd Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)	
City & State Bonifay FL Zip 32425		City & State Bonifay FL Zip 32425		4. FEI Number 81-0602887 Applied For - <input type="checkbox"/> Not Applicable	
Country Holmes		Country Holmes		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HADDOCK, PRESTON 401 EAST HIGHWAY 90 BONIFAY FL 32425				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME HADDOCK, PRESTON			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 402 E. HWY 90	CITY-ST-ZIP BONIFAY FL 32425				
TITLE D <input type="checkbox"/> Delete	NAME CUSHMAN, GARY			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 402 E. HWY 90	CITY-ST-ZIP BONIFAY FL 32425				
TITLE Secretary <input type="checkbox"/> Delete	NAME John Borders			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1983 Air Port Road	CITY-ST-ZIP Bonifay FL 32425				
TITLE Treasurer <input type="checkbox"/> Delete	NAME Cindy Borders			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1983 Tri-County Airport Rd	CITY-ST-ZIP Bonifay FL 32425				
TITLE _____ <input type="checkbox"/> Delete	NAME _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____				
TITLE _____ <input type="checkbox"/> Delete	NAME _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____				
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	
				850-547-6519 Daytime Phone #	