


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 Mailing Address

~~402 EAST HIGHWAY 90~~ ~~402 EAST HIGHWAY 90~~
~~BONIFAY FL 32425~~ ~~BONIFAY FL 32425~~

1983 Tri-County Airport Rd **1983 Tri-County Airport Rd.**
Bonifay FL 32425 **Bonifay FL 32425**

2. Principal Place of Business 3. Mailing Address

1983 Tri-County Airport Rd **1983 Tri-County Airport Rd**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Bonifay Fla **Bonifay FL**

Zip Country Zip Country

32425 **Holomas** **32425** **Holomas**



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For -

81-0602887 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HADDOCK, PRESTON
401 EAST HIGHWAY 90
BONIFAY FL 32425

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

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 **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDOCK, PRESTON	NAME	
STREET ADDRESS	402 E. HWY 90	STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL 32425	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSHMAN, GARY	NAME	
STREET ADDRESS	402 E. HWY 90	STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL 32425	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary John Borders	NAME	
STREET ADDRESS	1983 Air Port Road	STREET ADDRESS	
CITY-ST-ZIP	Bonifay FL 32425	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer Cindy Borders	NAME	
STREET ADDRESS	1983 Tri-County Airport Rd	STREET ADDRESS	
CITY-ST-ZIP	Bonifay FL 32425	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Cory Cushman 4/9/05 850-547-6519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #