


2006 FOR PROFIT CORPORATION ANNUAL REPORT

6. **FILED**
Jul 10, 2006 8:00 am
Secretary of State

06-21-2006 90002 012 ***150.00

DOCUMENT # P03000029549					
1. Entity Name TARAS T-C, INC					
Principal Place of Business 1983 TRI-COUNTY AIRPORT RD BONIFAY, FL 32425		Mailing Address 1983 TRI-COUNTY AIRPORT RD BONIFAY, FL 32425			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 81-0602887	
Zip	Country	Zip	Country	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: Gary F Cushman Street Address (P.O. Box Number is Not Acceptable): 3755 A Hwy 79 South City: Vernon FL Zip Code: 32462		
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: Preston Haddock DATE: 6/15/2006 <i>(Signature of Gary F Cushman)</i>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADDOCK, PRESTON		NAME	Cushman, Gary F.	
STREET ADDRESS	402 E. HWY 90		STREET ADDRESS	3755 A Hwy 79 South	
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP	Vernon, FL 32462	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSHMAN, GARY		NAME	Cushman, Nellie F.	
STREET ADDRESS	402 E. HWY 90		STREET ADDRESS	3755 A Hwy 79 South	
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP	Vernon, FL 32462	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDERS, JOHN		NAME		
STREET ADDRESS	1983 AIRPORT RD		STREET ADDRESS		
CITY-ST-ZIP	BONIFAY, FL 32425		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDERS, CINDY		NAME		
STREET ADDRESS	1983 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 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/other like empowered.					
SIGNATURE: <i>(Signature of Gary F Cushman)</i>		DATE: 6/17/06		OFFICER PHONE: 950 547-6519	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66041417



06142006 Chg-P CR2E034 (11/05)