2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-24-2004 90005 032 ***150.00

DOCUMENT # P03000031643

1. Entity Name
TARA FUNDING, INC.

Principal Place of Business	Mailing Address
6200 COURTNEY CAMPBELL CAUSEWAY SUITE 540 TAMPA, FL 33607	6200 COURTNEY CAMPBELL CAUSEWAY SUITE 540 TAMPA, FL 33607

02202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1725 E. 5th Ave	1725 E. 5th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl.	City & State: Tampa, Fl.
Zip: 33605 Country: USA.	Zip: 33605 Country: USA.

4. FEI Number: Applied For ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAGWELL, JAMES F
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 540
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1725 E. 5th Ave
City Tampa Fl FL Zip Code 33605

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAGWELL, JAMES F	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	STREET ADDRESS	1725 E. 5th Ave
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	Tampa Fl. 33605
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: J.F. Bagwell 2-20-04 813-864-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #