## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000041721** 03-12-2004 90021 027 \*\*\*150.00 1. Entity Name TANA DARLEY, INC. Principal Place of Business Mailing Address 13595 NE 41ST TERRACE 13595 NE 41ST TERRACE 66407909 ANTHONY, FL 32617 ANTHONY, FL 32617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 03082004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 13-4248941 Not Applicable Country \$8.75 Additional Country Ζip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama DARLEY, TANA Street Address (P.O. Box Number is Not Acceptable) **13595 NE 41ST TERRACE** ANTHONY, FL 32617 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature reduined when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Chance Addition NAME DARLEY, TANA NAME STREET ADDRESS 13595 NE 41ST TERRACE STREET ACCRESS City-ST-7IP CITY-ST-ZIP ANTHONY, FL 32617 TITLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 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). Plorida 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:

**FILED** 

Mar 26, 2004 8:00 am Secretary of State