

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90028 027 \*\*\*150.00

DOCUMENT # P03000069897



1. Entity Name

TALLAHASSEE TITLE & TAG, INC.

Principal Place of Business

100 SALEM COURT  
TALLAHASSEE FL 32301

Mailing Address

PO BOX 5988  
TALLAHASSEE FL 32314

50007624



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

100 Salem Court  
Suite B  
Tallahassee, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4255575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, HARLAN F  
220 ROSS ROAD  
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name

MOORE, Harlan F

Street Address (P.O. Box Number is Not Acceptable)

~~100 Salem Court~~  
1202 Mt. Batten Road

City

Tallahassee

FL

Zip Code

32301

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

Harlan F Moore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-24-05

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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MOORE, HARLAN F ☐ Delete  
STREET ADDRESS 220 ROSS ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE VP  
NAME MOORE, BARBARA P ☐ Delete  
STREET ADDRESS 220 ROSS ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition  
NAME MOORE, Harlan F  
STREET ADDRESS 100 Salem Court  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE VP ☐ Change ☐ Addition  
NAME MOORE, Barbara P.  
STREET ADDRESS 100 Salem Court  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

Harlan F. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05 850-671-4584

Date

Daytime Phone