

**2006 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000069897

1. Entity Name

TALLAHASSEE TITLE & TAG, INC.



Principal Place of Business

**100 SALEM COURT
SUITE B
TALLAHASSEE, FL 32301**

Mailing Address

**PO BOX 5988
TALLAHASSEE, FL 32314**



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
13-4255575**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**MOORE, HARLAN F
1202 MOUNT BATTEN ROAD
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

9. 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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**000000411448
02/10/06-80008-009 150.00**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME MOORE, HARLAN F
STREET ADDRESS 100 SALEM COURT
CITY-ST-ZIP TALLAHASSEE, FL 32301**

**TITLE VP
NAME MOORE, BARBARA P
STREET ADDRESS 100 SALEM COURT
CITY-ST-ZIP TALLAHASSEE, FL 32301**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Harlan F Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06

Date

850-671-2937

Daytime Phone #