

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P03000130209 1. Entity Name J. B. TANNER, INC.					
Principal Place of Business 7223 GULF HIGHLANDS DRIVE PORT RICHEY, FL 34668 US			Mailing Address 7223 GULF HIGHLANDS DRIVE PORT RICHEY, FL 34668 US		
2. Principal Place of Business 5310 Woodridge LN Suite, Apt. #, etc.		3. Mailing Address 5310 Woodridge LN Suite, Apt. #, etc.			
City & State Spring Hill FL Zip 34609 Country		City & State Spring Hill FL Zip 34609 Country		4. FEI Number 20-0377557 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TANNER, JOSEPH B 7223 GULF HIGHLANDS DRIVE PORT RICHEY, FL 34668	
7. Name and Address of New Registered Agent Name TANNER, JOSEPH B Street Address (P.O. Box Number is Not Acceptable) 5310 Woodridge LN City Spring Hill State FL Zip Code 34609				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: <u><i>Joseph B Tanner</i></u> DATE: 11-09-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANNER, JOSEPH B 7223 GULF HIGHLANDS DRIVE PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TANNER, JOSEPH B. 5310 Woodridge LN. Spring Hill FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PLOSS, JUDITH E 7223 GULF HIGHLANDS DRIVE PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061428293 11/15/05--01015--005 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Joseph B Tanner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 11-08-05 <small>Date Daytime Phone #</small>	

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To Whom it MAY CONCER.

11-08-05

It WAS Recently brought to my
ATTENTION that you NEVER recieved my
change of Address. THERE for I did
NOT recieve my paper work from you

THANK YOU

Joseph G Tamm