


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90128 022 ***150.00

DOCUMENT # P03000155514	
1. Entity Name TAILGUARD, INC.	

Principal Place of Business 2228 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250	Mailing Address 2228 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250
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2. Principal Place of Business 278 No. 20th. St.	3. Mailing Address 278 No. 20th. St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville Beach FL	City & State Jacksonville Beach FL
Zip 32250	Zip 32250
Country USA	Country USA

4. FEI Number 51-0493365	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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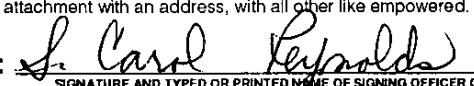
6. Name and Address of Current Registered Agent REYNOLDS, HEATHER M 115 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH FL 32082	
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7. Name and Address of New Registered Agent Name Christopher Cumberland Street Address (P.O. Box Number is Not Acceptable) 278 No. 20th St. City Jacksonville Beach FL Zip Code 32250	
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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  (Christopher R. Cumberland) DATE 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T REYNOLDS, HEATHER M 2228 1ST STREET SOUTH JACKSONVILLE BEACH FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Herbert W. Reynolds 86 Players Club Villas Rd Ponte Vedra Beach FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Philip A. Briggs 12949 Chets Creek Jacksonville FL 32224-7482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Christopher R. Cumberland 2228 1st. St., So. Jacksonville Beach FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS S. Carol Reynolds 86 Players Club Villas Rd Ponte Vedra Beach FL 32082 <input type="checkbox"/> Change <input checked="" 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
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:  (S. Carol Reynolds) DATE 4/29/05 904-247-6779 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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