2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003355

1. Entity Name TAVARES SALES, INC.



Principal Place of Business

6656 HWY 77 CHIPLEY, FL 32428

6656 HWY 77

CHIPLEY, FL 32428

Mailing Address

6656 HWY 77 CHIPLEY, FL 32428

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4.	FEI Number		Applied For
	33-1036213		Not Applicat

03012008

licable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

DO NOT WE

WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the property one of registered agent.	rpose of changing its registered offi	ce or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered egent and title if	epplicable. (NOTE, Registered Agent	signature	required when reinstating)	DAYE
	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
OTLE NAME STREET ADORESS CITY-ST-ZIP	OP TAVARES, GREGORY J 2253 RADCLIFF CIR CHIPLEY, FL 32428				H00000486354
ITLE VAME STREET ADDRESS CITY-ST-ZIP	S TAVARES, DENISE 2253 RADCLIFF CIR CHIPLEY, FL 32428				U00000486354 04/13/06-80033-016 15D.00
DTLE HAME STREET ADDRESS CITY- ST- AP				DO	NOT WRITE
ITTLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS					

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.

SI	GN_{i}	ΔΤΙ	UR	E:

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

Daylime Phone #