2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2008 08:00 Al Secretary of State **DOCUMENT # P04000003355** TAVARES SALES, INC. Principal Place of Business Mailing Address 6656 HWY 77 6656 HWY 77 CHIPLEY, FL 32428 CHIPLEY, FL 32428 No Chg-P 02282008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1036213 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAVARES, GREGORY J DO NOT WRITE 6656 HWY 77 CHIPLEY, FL 32428 IN THIS SPACE profit from the first file of the solo and because 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. an et indaal. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Dirk. 9. Election Campaign Financing \$5.00 May Be. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TAVARES, GREGORY J NAME 2253 RADCLIFF CIR STREET ADDRESS CITY-ST-ZIP CHIPLEY, FL 32428 TITLE U00000847123 03/19/08-80006-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS R MYALIE SEE P. BATT BY CITY-ST-ZIP TITLE NAME RVIOUS 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

SIGNATURE:

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CITY-ST-ZIP 34C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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