

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000053848

1. Entity Name

TAG SUPPORT COMPANY



Principal Place of Business

**7562 SOUTHGATE BLVD.
NO. LAUDERDALE, FL 33068 US**

Mailing Address

**7562 SOUTHGATE BLVD.
NO. LAUDERDALE, FL 33068 US**



02242006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0583998

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, LEWIS G
4370 NAUTILUS DRIVE
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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**

**000000495353
04/21/06-60008-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	THE ANSWER GROUP, INC.
STREET ADDRESS	7562 SOUTHGATE BLVD.
CITY-ST-ZIP	NO. LAUDERDALE, FL 33068
TITLE	DP
NAME	QUINN, BRUCE
STREET ADDRESS	7562 SOUTHGATE BLVD.
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	DS
NAME	QUINN, ANDREW
STREET ADDRESS	7562 SOUTHGATE BLVD.
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	D
NAME	QUINN, SHERI
STREET ADDRESS	7562 SOUTHGATE BLVD.
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	D
NAME	QUINN, DENNIS
STREET ADDRESS	7562 SOUTHGATE BLVD.
CITY-ST-ZIP	N. LAUDERDALE, FL 33068
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 I/we empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

954 720-4000

Date

Daytime Phone #