

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2005 8:00 am
Secretary of State

03-04-2005 90085 045 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000097726 1. Entity Name TALLER MOBIL VAN, INC																							
Principal Place of Business 10317 LOUBET ST ORLANDO FL 32817			Mailing Address 10317 LOUBET ST ORLANDO FL 32817																				
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																					
City & State <i>Same</i>		City & State <i>Same</i>		4. FEI Number 20-1301773																			
Zip 32817		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent SALVADOR, MANUEL I 10317 LOUBET ST ORLANDO FL 32817			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																				
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 <i>[Signature]</i> DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																							
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																				
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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: <i>[Signature]</i> Date <i>7/26/05</i> Daytime Phone # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							