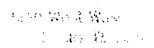
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P05000012361 02-22-2006 90006 003 ***158.75 1. Entity Name TARTER-LOUDON, INC. Principal Place of Business Maifing Address acurin 4053 COLLETON COURT TALLAHASSEE PL-32311 4053 COLLETON COURT TALLAHASSEE PL-32311 2. Principal Place of Business Mailing Address 3450 West Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) Montice 4. FEI Number Applied For <u>01-052</u>80/2 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLOWAY, WILLIAM W. 4053 COLLETON COURT Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32311 City Zip Code 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 > Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE MANUE GALLOWAY, WILLIAM W. NAME STREET ADDRESS 4053 COLLETON COURT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY+ST-7/P TITLE Delete TITLE Addition MALIF GALLOWAY, MELAINE NAME STREET ADORESS 4063 COLLETON COURT STREET ADDRESS CITY-ST-7/P CITY-\$1-7P **FALLAHASSEE FL 32311** TITLE . Delete IIIU. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-2IP TITLE Detete TITLE ☐ Change Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE Deteta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 60?, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the impowered... SIGNATURE: Date Daytimo Phone (

FILED

Mar 08, 2006 8:00 am





February 24, 2006

TARTER-LOUDON, INC. 3450 W WASHINGTON MONTICELLO, FL 32344

Subject: TARTER-LOUDON, INC.

Reserence Number:

P05000012361

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION