2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2006-90002-017-$55.00-$55.00

FILED
06 OCT -2 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000082696

1. Entity Name
OUR TARA ESTATES, INC.

Principal Place of Business	Mailing Address
225 LAND DR WEWAHITCHKA, FL 32465	225 LAND DR WEWAHITCHKA, FL 32465

07112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
142-A N. Hwy. 71 Suite, Apt. #, etc.	142-A N. Hwy. 71 Suite, Apt. #, etc.
City & State: WEWAHITCHKA, FL	City & State: WEWAHITCHKA, FL
Zip: 32465 Country: USA	Zip: 32465 Country: USA

4. FEI Number: 20-3022057 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATLOCK, GEORGE V 1545 RAYMOND DIEHL RD STE 250 TALLAHASSEE, FL 32308	Name: Anna E. Owens Street Address (P.O. Box Number is Not Acceptable): 142-A N. Hwy 71 City: Wewahitchka FL Zip Code: 32465

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: Anna E. Owens - Managing Director 7-10-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

FILE NOW!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWENS, D L 225 LAND DR WEWAHITCHKA, FL 32465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D.L. OWENS 225 Land Drive Wewahitchka, FL 32465	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWENS, BETTY ANN 225 LAND DR WEWAHITCHKA, FL 32465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Betty Ann Owens 225 Land Drive Wewahitchka, FL 32465	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OWENS, LIBBY 225 LAND DR WEWAHITCHKA, FL 32465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Anna E. Owens 142-A N. Hwy 71 Wewahitchka, FL 32465	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500000090935 10/10/06--01060--025 **103.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Betty Ann Owens - President Betty A. Owens 7-10-06 813-294-6347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

JC 10/5