2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 8:00 am Secretary of State

DOCUMENT # P05000088312 1. Entity Name JASON TAULBEE INC.					02-09-2006 90039 036 ***150.00			
Principal Place of Business 13528 LONGWOOD AVE. PORT CHARLOTTE, FL 33981		Mailing Address 13528 LONGWOOD AVE. PORT CHARLOTTE, FL 33981		1 16 B//BB1 III II	1101 ENN ERN ESK FSK		110 0 1 11 10 0 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FE! Number	20-302	1126 AF	plied For ot Applicable	
Zip	Country	Zip	Coun	try	1	f Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	legistered Agent	
			Name					
MURTHA, THOMAS E 900 E. PINE ST. 126				Street Address (P.O. Box Number is Not Acceptable)				
ENGLEWOOD, FL 34223								
			City	FL Zip Code				
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOTE	: Registere	d Agent signature required	d when reinstating)		DATE	
					.00 May Be led to Fees		·· ·	
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/0	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE	E			Change	Addition
NAME	TAULBEE, DANIEL J		NAM	I				
STREET ADDRESS	_			EET ADDRESS				
CITY-ST-ZIP	PORT CHALOTTE, FL 33981		CITY	-ST-ZIP				
TITLE	V	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	TAULBEE, SHERRI R		NAM	- 1				
STREET ADDRESS CITY-ST-ZIP	13528 LONGWOOD AVE. PORT CHARLOTTE, FL 33981		SIME	EET ADDRESS				
			CITY	C. ST. 7ID				
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12. Thereby certify that the information supplied with this lining does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Fformat statutes. Fformation 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: Danie Typed on PRINTED NAME OF SIGNING OFFICER ON DIRECTOR DAVIE J. J. J. David Daylore Prome #