FROM :FROM: CALABRO FAX NO. :352-527-2310

5/1/2006-90360-014-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40073713

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000101745

1. Entity Name
TAWAS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2120 S OVERVIEW DR LECANTO, FL 34461	2120 S OVERVIEW DR LECANTO, FL 34461

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

04272006 Chg-P CR2E034 (11/05)

4. FEI Number FEI 20-3207266 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, LORRAINE
2120 S OVERVIEW DR
LECANTO, FL 34461

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 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 reinstating) 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTSD	☐ Delete	☐ Change ☐ Addition
NAME	SIEGEL, LORRAINE		
STREET ADDRESS	2120 S OVERVIEW DR		
CITY-ST-ZIP	LECANTO, FL 34461		
TITLE	VPD	☐ Delete	☐ Change ☐ Addition
NAME	SIEGEL, CHARLES		
STREET ADDRESS	2120 S OVERVIEW DR		
CITY-ST-ZIP	LECANTO, FL 34461		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	JC 6/13 ☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 address, with all other like empowered.

SIGNATURE: X Lorraine Siegel 4-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #