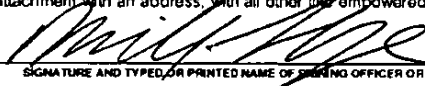


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-09-2007 90004 014 ***150.00

DOCUMENT # P06000019009 1. Entity Name THE TAVERN, INC.					
Principal Place of Business 11397 TAMiami TRAIL EAST NAPLES FL 34119			Mailing Address 11397 TAMiami TRAIL EAST NAPLES FL 34119		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4221872	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST ONGE, MICHAEL L 11397 TAMiami TRAIL EAST NAPLES FL 34119				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY - ST - ZIP	D ST ONGE, JANET A 5301 CONFEDERATE AVE NAPLES FL 34113	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, LORI 2551 ESTY AVE - UNIT C2 NAPLES FL 34112	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, DAVID 2551 ESTY AVE - UNIT C2 NAPLES FL 34112	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ST ONGE, MICHAEL L 5301 CONFEDERATE AVE NAPLES FL 34113	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete			
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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					