


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P20148</b> 1. Entity Name <b>TARACON INC.</b>	
---	---

Principal Place of Business <b>23 MIAMI DRIVE LAKE PLACID, FL 33852 US</b>	Mailing Address <b>23 MIAMI DRIVE LAKE PLACID, FL 33852 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-3044536</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TARABORI, ALFRED J. 23 MIAMI DR. LAKE PLACID, FL 33852</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE <b>S</b>	<b>TARABORI, DORA</b>
NAME	<b>23 MIAMI DRIVE</b>
STREET ADDRESS	<b>LAKE PLACID, FL 33852</b>
CITY-ST-ZIP	
TITLE <b>DPT</b>	<b>TARABORI, ALFRED J.</b>
NAME	<b>23 MIAMI DRIVE</b>
STREET ADDRESS	<b>LAKE PLACID, FL 33852</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000339414  
04/28/05-80075-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alfred J. Tarabori 4/27/05 (863) 465-2740  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone