2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like emp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .

Feb 09, 2004 08:00 AM DOCUMENT # P95000096742 Secretary of State 1. Entity Name STAN TAIT & ASSOCIATES, INC. Principal Place of Business Mailing Address 2952 WELLINGTON CIR TALLAHASSEE FL 32308 2952 WELLINGTON CIR TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3365398 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAIT, DAVID L Street Address (P.O. Box Number is Not Acceptable) 2952 WELLINGTON CIR TALLAHASSEE FL 32308 City 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 agont and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME TAIT, DAVID L NAME STREET ADDRESS 2952 WELLINGTON CIR STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete TiTi F Change Addition NAME TAIT, MARILYN P NAME STREET ADDRESS 2952 WELLINGTON CIR STREET ADDRESS TALLAHASSEE FL 32308 City-St-ZIP _____U00000040782 U2/U9/U4-80062-012<u>||1560</u>g-80 || Addition CITY - ST - ZIP ☐ Delete TITLE D TITLE NAME TAIT, STAN NAME STREET ADDRESS 2952 WELLINGTON CIR STREET ADDRESS CITY+ST-7IP TALLAHASSEE FL 32308 CITY-ST-2IP TITLE TD ☐ Delete TITLE Change Addition TAIT, LINDA NAME NAME STREET ADDRESS 2952 WELLINGTON CIR STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ITTLE ☐ Change ☐ Addition BESSE, THERESA NAME MARAG 2952 WELLINGTON CIR STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition TAIT, LISA NAME NAME 2952 WELLINGTON CIRCLE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32309 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am an efficier or director of the corporation or the receiver of 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

FILED

850-906-9220

Daylime Phone #