## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2005 8:00 am Secretary of State DOCUMENT # P95000096742 1. Entity Name 03-08-2005 90167 050 \*\*\*150.00 STAN TAIT & ASSOCIATES, INC. Mailing Address Principal Place of Business 2952 WELLINGTON CIR TALLAHASSEE FL 32308 US 2952 WELLINGTON CIR TALLAHASSEE FL 32308 40000104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3365398 Not Applicable Country 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 TAIT, DAVID L Street Address (P.O. Box Number is Not Acceptable) 2952 WELLINGTON CIR TALLAHASSEE FL-92908 32309 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 agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change ☐ AddItion TITLE NAME TAIT, DAVID L NAME 2952 WELLINGTON CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME TAIT..MARILYN P NAME 2952 WELLINGTON CIR STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-7IP CITY-SI-7IP \_ 🗔 Addition Change DILE - Delete TITLE NAME TAIT, STAN NAME STREET ADDRESS STREET ADDRESS 2952 WELLINGTON CIR CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 TD TITLE Delete TITLE Change ☐ Addition TAIT, LINDA NAME NAME 2952 WELLINGTON CIR STREET ADDRESS STREET ADORESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE BESSE, THERESA NAME NAME 2952 WELLINGTON CIR STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE TAIT, LISA NAME MAME 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

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