2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030496

Title:

Name:

Address:

City-St-Zip:

VΡ

(X) Delete

TAUSCHE, GREGAR

2811 STAPLES AVE

KEY WEST, FL 33040

FILED Feb 13, 2004 Secretary of State

Entity Name: TAUSCHE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1506 SOUTH STREET KEY WEST, FL 33041 **Current Mailing Address: New Mailing Address:** P.O. BOX 1732 KEY WEST, FL 33041 FEI Number: 65-0741643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAUSCHE, EDWARD M 1506 SOUTH ST KEY WEST, FL 33040 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BROWN, DRUMMOND LEVINE, JERALD Name: Name: 1506 SOUTH ST. 2027 STAPLES AVENUE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: Title: () Delete (X) Change () Addition TAUSCHE, EDWARD M Name: Name: TAUSCHE, EDWARD M 1506 SOUTH ST 1506 SOUTH ST Address: Address: KEY WEST, FL 33040 KEY WEST, FL 33040 City-St-Zip: City-St-Zip: () Delete (X) Change () Addition Title: Title: VΡ TAUSCHE, EDWARD M TAUSCHE, GREGAR Name: Name: 1506 SOUTH ST 2811STAPLES AVENUE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD M. TAUSCHE PT 02/13/2004

() Change () Addition