

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098848

FILED
Feb 18, 2005
Secretary of State

Entity Name: TAMBERS, INC.

Current Principal Place of Business:

6000 B SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

TAMBERS
6000B SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

TAMBERS
14286-19 BEACH BLVD. #325
JACKSONVILLE, FL 32250 US

FEI Number: 59-3488562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDFOORD, KEITH R
5721 STRATFORD LN
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: TAMMY D WILLIAMS,
Address: 7769 CHIPWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: PINTO, AMBER
Address: 225 GNARLEO OAKS DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: DEBRA L BOWLES,
Address: 64 LAKE DRIVE
City-St-Zip: PALM BEACH SHORES, FL 33404

Title: ST () Delete
Name: LEDFOORD, KEITH R
Address: 5721 STRATFORD LN
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WILLIAMS, TAMMY
Address: 4130 WINDSOR PARK DRIVE E
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Change () Addition
Name: PINTO, AMBER
Address: 13858 WHITE HERON PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: P (X) Change () Addition
Name: DEBRA L BOWLES,
Address: 13639 QUEENS HARBOR BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: AMBER PINTO

VP

02/18/2005

Electronic Signature of Signing Officer or Director

Date