


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 009 ***158.75

DOCUMENT # P98000024969 1. Entity Name TAGLIONE ENTERPRISES, INC.					
Principal Place of Business 1239 ROGERO ROAD JACKSONVILLE, FL 32211			Mailing Address 1239 ROGERO ROAD JACKSONVILLE, FL 32211		
2. Principal Place of Business - No P.O. Box # 10102 Parman Rd Suite, Apt. #, etc.		3. Mailing Address 10102 Parman Rd Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32222		City & State Jacksonville, FL Zip 32222		4. FEI Number 59-3505946	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAGLIONE, RAYMONE J 1239 ROGER ROAD JACKSONVILLE, FL 32211			7. Name and Address of New Registered Agent Name Taglione, Raymond J. Street Address (P.O. Box Number is Not Acceptable) 10102 Parman Rd City Jacksonville FL Zip Code 32222		
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: <u><i>Raymond Taglione</i></u> Raymond Taglione Pres. 4-14-08 <small>Signature of and or print name of registered agent and title if applicable. NOTE: Registered Agent signature is required when reinstating.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME TAGLIONE, RAYMOND J STREET ADDRESS 1239 ROGERO ROAD CITY-ST-ZIP JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		TITLE P NAME Taglione, Raymond J. STREET ADDRESS 10102 Parman Rd CITY-ST-ZIP Jacksonville, FL 32222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 authority empowered.					
SIGNATURE: <u><i>Raymond Taglione</i></u> Raymond Taglione 4-14-08 (904) 779-2590 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					