


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 002 ***150.00

DOCUMENT # P98000035177	
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1. Entity Name
TOM TAG, P.A.

Principal Place of Business
3474 TAMPA RD
PALM HARBOR, FL 34684

Mailing Address
3474 TAMPA RD
PALM HARBOR, FL 34684

54027299



2. Principal Place of Business
4175 WOODLANDS PKY
Suite, Apt. #, etc.

3. Mailing Address
4175 WOODLANDS PKY
Suite, Apt. #, etc.

03122004 Chg-P CR2E034 (10/03)

City & State
PALM HARBOR FL

City & State
PALM HARBOR FL

4. FEI Number
59-3510346
Applied For
Not Applicable

Zip
34685
Country
US

Zip
34685
Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TAGLIANETTI, THOMAS
3474 TAMPA RD
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
135 OSPREY LN
City
PALM HARBOR FL 34683

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:  THOMAS TAGLIANETTI, 3/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAGLIANETTI, THOMAS			NAME			
STREET ADDRESS	3474 TAMPA RD			STREET ADDRESS	135 OSPREY LN		
CITY-ST-ZIP	PALM HARBOR, FL 34684			CITY-ST-ZIP	PALM HARBOR, FL 34683		
TITLE	VST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAGLIANETTI, KATHLEEN A			NAME			
STREET ADDRESS	5602 PERKIN DR			STREET ADDRESS	135 OSPREY LN		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	PALM HARBOR, FL 34683		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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 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 all other like empowered.

SIGNATURE:  THOMAS TAGLIANETTI, 3/12/04 789-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #