

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90075 029 \*\*\*150.00

**DOCUMENT # P98000042457**

1. Entity Name  
TANNER PRODUCTIONS, INC.



Principal Place of Business  
25 BETHEL LOOP  
DELTONA, FL 32738

Mailing Address  
P.O. BOX 4313  
ENTERPRISE, FL 32725

50031222



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3525754

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TANNER, JO  
25 BETHEL LOOP  
DELTONA, FL 32738

COFFEY, MITCHELL  
815 OSTEEN CEMETERY RD  
DELTONA, FL 32738

**DO NOT WRITE  
IN THIS SPACE**

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: *Mitchell H Coffey*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/05  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TANNER, JOSEPHINE E
STREET ADDRESS	25 BETHEL LOOP
CITY - ST - ZIP	DELTONA, FL 32738
TITLE	STD
NAME	COFFEY, MITCHELL H
STREET ADDRESS	815 OSTEEN CEMETERY RD>
CITY - ST - ZIP	DELTONA, FL 32738
TITLE	STD
NAME	COFFEY CAROLYN L.
STREET ADDRESS	815 OSTEEN CEMETERY RD
CITY - ST - ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Mitchell H Coffey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

407-322-7000

Daytime Phone #