


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90980 032 ***150.00

DOCUMENT # P98000046844 1. Entity Name TAGWEAR, INC.																													
Principal Place of Business 112 SOUTH ARMENIA AVE. TAMPA, FL 33609 US				Mailing Address 112 SOUTH ARMENIA AVE. TAMPA, FL 33609 US																									
2. Principal Place of Business 5304 56th Commerce Park Blvd. Suite, Apt. #, etc.				3. Mailing Address 5304 56th Commerce Park Blvd. Suite, Apt. #, etc.																									
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3510761																									
Zip 33610		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GORDIN, TOM 112 SOUTH ARMENIA AVE. TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5304 56th Commerce Park Blvd. City Tampa FL Zip Code 33610																									
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>[Signature]</i></u> DATE <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GORDIN, TOM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>112 SOUTH ARMENIA AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33609</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	GORDIN, TOM		STREET ADDRESS	112 SOUTH ARMENIA AVE.		CITY-ST-ZIP	TAMPA, FL 33609		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">X Change</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5304 56th Commerce Park Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33610</td> <td></td> </tr> </table>			TITLE	X Change	<input type="checkbox"/> Addition	NAME			STREET ADDRESS	5304 56th Commerce Park Blvd.		CITY-ST-ZIP	Tampa, FL 33610	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #