## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P9900000141

Entity Name: TATE ENTERPRISES, INC.

FILED Apr 01, 2004 Secretary of State

Current Principal Place of Business:

806 HIGHWAY 90 WEST
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

806 HIGHWAY 90 WEST P.O. BOX 38 CRESTVIEW, FL 32536 CRESTVIEW, FL 32536

FEI Number: 59-3550642 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HINES, JAMES P 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 TATE, ROBERT E
 Name:

 Address:
 2767 PHIL TYNER ROAD
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 STYRON, MICHELLE
 Name:
 STYRON, MICHELLE

 Address:
 534 RIDGELAKE ROAD
 Address:
 5538 FLATWOODS DR

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 CRESTVIEW, FL 32536

Title: ST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CRAWFORD, SUSAN
 Name:

 Address:
 8246 OLD EBENEZER ROAD
 Address:

 City-St-Zip:
 LAUREL HILL, FL 32567
 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: SUSAN F. CRAWFORD ST 04/01/2004