


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000005549  
1. Entity Name  
TARA'S RENOVATIONS, INC.



Principal Place of Business 21681 FALL RIVER DRIVE BOCA RATON, FL 33428	Mailing Address 21681 FALL RIVER DRIVE BOCA RATON, FL 33428
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**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0891485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
GUYNUP, ARMAND W  
21681 FALL RIVER DRIVE  
BOCA RATON, FL 33428

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUYNUP, TARA 21681 FALL RIVER DRIVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUYNUP, ARMAND W 21681 FALL RIVER DRIVE BOCA RATON, FL 33428
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/04-80060-014 150.00

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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 an other like empowered.

SIGNATURE: Armand W. Guynup DATE: 2/16/04 (361) 488-0117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #