

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90067 013 ***150.00

DOCUMENT # P99000027494

1. Entity Name

T.A.Y., INCORPORATED



Principal Place of Business

1437 HOUNDS HOLLOW COURT
TAMPA FL 33549

Mailing Address

1437 HOUNDS HOLLOW COURT
TAMPA FL 33549

2. Principal Place of Business

5850 RED CEDAR LN

Suite, Apt. #, etc.

3. Mailing Address

5850 RED CEDAR LANE

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33625

Country

Zip

33625

Country

4. FEI Number

59-3563732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANEZ, HAPPINESS K
1437 HOUNDS HOLLOW COURT
TAMPA FL 33549

7. Name and Address of New Registered Agent

Name

SHARON BIHOREL

Street Address (P.O. Box Number is Not Acceptable)

17521 Willow Pond Dr.

City

Lutz

FL

Zip Code

33549

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

Sharon Bihorel

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YANEZ, TERRY A ☐ Delete
STREET ADDRESS 1437 HOUNDS HOLLOW COURT
CITY-ST-ZIP TAMPA FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME YANEZ TERRY A
STREET ADDRESS 5850 RED CEDAR LANE
CITY-ST-ZIP TAMPA FL 33625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Terry A Yanez* TERRY A YANEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 813 3615952

Date

Daytime Phone #