

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # S17731

1. Entity Name
TARA HOMES, INC.



Principal Place of Business
**4605 NE 14TH PL
OCALA, FL 34470 US**

Mailing Address
**4605 NE 14TH PL
OCALA, FL 34470 US**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3045073

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANGELOSI, JOSEPH
2612 SE 22ND AVE
OCALA, FL 34471**

**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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDV
CANGELOSI, JOSEPH J.
2612 SE 22ND AVE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CANGELOSI, SHARON K.
2612 SE 22ND AVE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000291068
04/07/05-80014-023 150.00

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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 all other like empowered.

SIGNATURE: *Sharon K. Cangelosi* **SHARON K. CANGELOSI** 4-5-05 (392) 867-7718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #