


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 A
Secretary of State

DOCUMENT # P97000095429

1. Entity Name
TABCAV, INC.



Principal Place of Business Mailing Address

34550 MISSION BELL LN. 34550 MISSION BELL LN.
 DADE CITY, FL 33525 DADE CITY, FL 33525



01042006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480963

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TABB, JANICE T
34550 MISSION BELL LN.
DADE CITY, FL 33525

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TABB, JANICE T
STREET ADDRESS	34550 MISSION BELL LN.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D
NAME	TABB, JAMES K JR.
STREET ADDRESS	34550 MISSION BELL LN.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D
NAME	CAVALL, BRUCE V
STREET ADDRESS	34041 MADISON AVE
CITY-ST-ZIP	RIDGE MANOR, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000379009
 01/10/06-80004-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Janice T. Tabb, President 1/5/06 352-567-2317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Janice T. Tabb, President