


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000095429
 1. Entity Name
 TABCAV, INC.



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| Principal Place of Business 34550 MISSION BELL LN. DADE CITY, FL 33525 | Mailing Address 34550 MISSION BELL LN. DADE CITY, FL 33525 |
|--|--|

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3480963 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 TABB, JANICE T
 34550 MISSION BELL LN.
 DADE CITY, FL 33525

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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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | U00000176642 01/11/05-80005-007 150.00 |
|---|--|-----------------------------|---|

10. OFFICERS AND DIRECTORS

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

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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: Janice T. Tabb 1/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Janice T. Tabb, President