## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#817139** 

Entity Name: TRAYLOR BROS., INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
835 N. CONGRESS AVE. (47715) P.O. BOX 5165 EVANSVILLE, IN 477165165 US				835 N. CONGRESS AVE. EVANSVILLE, IN 47715 US				
Current Mailing Address:				New Mailing Address:				
835 N. CONGRESS AVE. (47715) P.O. BOX 5165 EVANSVILLE, IN 477165165 US								
FEI Number: 35-0799154 FEI Number Applied For ( ) FEI Number			FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )				
Name and	Address of Cเ	ırrent Registered Agent:	Name and Address of New Registered Agent:					
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 FORT LAUDERDALE, FL 33331 US								
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.								
SIGNATUR	E:							
Electronic Signature of Registered Agent						Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CEOC () E TRAYLOR, THOM 835 N CONGRES EVANSVILLE, IN	SS AVENUE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ASVD () E ANNAKIN, JOSEF 835 N CONGRES EVANSVILLE, IN	SS AVENUE		Title: Name: Address: City-St-Zip:	PD (X) TRAYLOR, CHE 835 N CONGRE EVANSVILLE, II	ESS AVENUE		
Title: Name: Address: City-St-Zip:	T () E SCHMIDT, DENN 835 N CONGRES EVANSVILLE, IN	SS AVENUE		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TRAYLOR, GLEN	ROAD SUITE 200		Title: Name: Address: City-St-Zip:	S (X) OWEN, STEVEI 835 N. CONGRI EVANSVILLE, II	ESS AVE.		
Title: Name: Address: City-St-Zip:	VD () E WILLIAMSON, G 20470 MOCKING BODEGA BAY, C	BIRD ROAD		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V ()E PIRTLE, THAD L POB 5165 EVANSVILLE, IN	Delete 477165165 US		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

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SIGNATURE:	DENNIS A. SCHMIDT	T	04/01/2009