

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90028 048 ***150.00

DOCUMENT # F97000004174					
1. Entity Name J.J. TAYLOR COMPANIES, INC.					
Principal Place of Business 11780 U.S. HIGHWAY NO.1 SUITE 204 NORTH PALM BEACH, FL 33408			Mailing Address 11780 U.S. HIGHWAY NO.1 SUITE 204 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 655 North A1A Suite, Apt. #, etc.		3. Mailing Address 655 North A1A Suite, Apt. #, etc.			
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 04-2234512	
Zip 33477		Country US		5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DES PLAINES, HENRI J 11780 U.S. HIGHWAY 1, SUITE 204 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 655 North A1A City Jupiter FL Zip Code 33477		
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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME TAYLOR, EDUARDA M STREET ADDRESS 11780 US HIGHWAY ONE STE. 204 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	☐ Delete		TITLE NAME STREET ADDRESS 655 North A1A CITY-ST-ZIP Jupiter, FL 33477	☒ Change ☐ Addition	
TITLE PDS NAME TAYLOR, JOHN J III STREET ADDRESS 11780 U.S. HIGHWAY NO.1 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	☐ Delete		TITLE NAME STREET ADDRESS 655 North A1A CITY-ST-ZIP Jupiter, FL 33477	☒ Change ☐ Addition	
TITLE VTD NAME DESPLAINES, HENRI J STREET ADDRESS 11780 U.S. HIGHWAY NO.1 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	☐ Delete		TITLE NAME STREET ADDRESS 655 North A1A CITY-ST-ZIP Jupiter, FL 33477	☒ Change ☐ Addition	
TITLE S NAME CABLE, STUART M STREET ADDRESS 53 STATE STREET CITY-ST-ZIP BOSTON, MA 02109	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____			Date: 2/16/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			(561) 354-2900		