

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 354174 1. Entity Name: TAYLOR'S FARM AND RANCH, INC.	
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Principal Place of Business MANATEE COUNTY 11855 TAYLOR GRADE ROAD DUETTE, FL 33834 US	Mailing Address 11855 TAYLOR GRADE ROAD DUETTE, FL 33834 US
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01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1614032	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TAYLOR,ARLIN
11855 TAYLOR GRADE RD.
DUETTE, FL 33834

**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 _____
(Print, type, or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

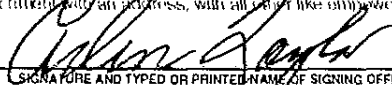
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD TAYLOR,ARLIN 11855 TAYLOR GRADE ROAD DUETTE, FL 33834
TITLE NAME STREET ADDRESS CITY ST ZIP	SD TAYLOR, ELEANOR I. 11855 TAYLOR GRADE ROAD DUETTE, FL 33834
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02/20/04-80019-013 150.00

**DO NOT WRITE
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)(b), 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: 
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2-16-04 941-776-1421
Date Signature Phone #