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.

Principal Place of Business
MANATEE COUNTY
11855 TAYLOR GRADE ROAD
DUETTE, FL 33834 US

Mailing Address
11855 TAYLOR GRADE ROAD
DUETTE, FL 33834 US

DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1614032
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
(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, 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	PD
NAME	TAYLOR,ARLIN
STREET ADDRESS	11855 TAYLOR GRADE ROAD
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	SD
NAME	TAYLOR, ELEANOR I.
STREET ADDRESS	11855 TAYLOR GRADE ROAD
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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02/20/04-80019-013 150.00

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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 attached sheet, with all other like empowered.

SIGNATURE: Arlin Taylor 2-16-04 941-776-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #