

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M52656

1. Entity Name
2940 TAFT STREET CORP.



FILED
Jul 19, 2005 08:00 AM
Secretary of State

Principal Place of Business
P.O. BOX 3181
4303 HAMMETT ROAD
LA GRANGE, GA 30241-3181

Mailing Address
P.O. BOX 3181
4303 HAMMETT ROAD
LA GRANGE, GA 30241-3181



07152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1745258

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOROWSKI, JOE
4465 WINDERWOOD CIRCLE
ORLANDO, FL 32811

**DO NOT WRITE
IN THIS SPACE**

6. 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 \$550.00
Due by September 7, 2005

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	P LARSON, N. DEAN 4303 HAMMETT ROAD LA GRANGE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LARSON, NANCY J. 4303 HAMMETT ROAD LA GRANGE, GA
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07/19/05-80004-021 550.00

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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)(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: N. DEAN LARSON N. Dean Larson 07/15/05 (706) 883-6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #