

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 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



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
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U000000667459
03/26/07-80029-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Arlin Taylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

373-07 (941) 776-1421
Date Daytime Phone #