

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90060 012 ***150.00

DOCUMENT # 250705					
1. Entity Name TAYLOR & FULTON, INC.					
Principal Place of Business 932 5TH AVE. PALMETTO, FL 34221			Mailing Address P.O. BOX 1087 PALMETTO, FL 34220 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0946630	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, J M 932 5TH AVE. PALMETTO, FL 33561				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE STD <input type="checkbox"/> Delete NAME TAYLOR, JM STREET ADDRESS 932 5TH AVE. CITY-ST-ZIP PALMETTO, FL 34221	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
TITLE PD <input type="checkbox"/> Delete NAME TAYLOR, RJ STREET ADDRESS 932 5TH AVE. CITY-ST-ZIP PALMETTO, FL 34221	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
TITLE V <input type="checkbox"/> Delete NAME QUILLIAN, MILLARD B. STREET ADDRESS 932 5 AVE W CITY-ST-ZIP PALMETTO, FL	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
TITLE V <input type="checkbox"/> Delete NAME PARRISH, REESE STREET ADDRESS 932 5TH AVE. CITY-ST-ZIP PALMETTO, FL 34221	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
TITLE V <input type="checkbox"/> Delete NAME MONETTE, WILLIAM STREET ADDRESS 932 5TH AVE. CITY-ST-ZIP PALMETTO, FL 34221	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
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: _____ <i>RJA97A96e</i> 1/31/08 941 729 3853					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					