2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State
07-19-2004 90011 043 ***150.00

DOCUMENT # 319828

1. Entity Name
CLAGETT TAYLOR, INC.

04063458

Principal Place of Business	Mailing Address
1617 NE LAKEVIEW DRIVE SEBRING FLA, 33870-2761	P.O. BOX 942 SEBRING, FL 33871-0942

07072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 942	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, FL	City & State
Zip: 33871 Country	Zip Country

4. FEI Number: 59-1209256 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RHOADES, CLIFFORD R 227 NORTH RIDGEWOOD DRIVE SEBRING, FL 33870	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR JR, J CLAGETT 1617 NE LAKEVIEW DR SEBRING, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 336 Matlo Ave. Sebring, FL 33870
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, PATRICIA K. 1617 NE LAKEVIEW DRIVE SEBRING, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 336 Matlo Ave. Sebring, FL 33870
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENCIA, DEBORAH T. 42048 CRESTVIEW CIRCLE NORTHVILLE, MI 48167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, J. CLAGETT, III 2611 COVENTRY LANE OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAYLOR, JOHN A. 3207 OLEANDER DRIVE LAKE PLACID, FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 07/14/2004 863-382-2893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #