

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 477055**

1. Entity Name  
**TAYLOR CONTRACTORS OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**645 CHARLOTTE STREET**      **645 CHARLOTTE STREET**  
**PUNTA GORDA, FL 33950**      **PUNTA GORDA, FL 33950**



01032005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1641046**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAYLOR, PETER CRAIG**  
**624 W. MARION AVENUE**  
**PUNTA GORDA, FL 33950**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE      SECC  
NAME      TAYLOR, PETER FRANCIS  
STREET ADDRESS      645 CHARLOTTE STREET  
CITY-ST-ZIP      PUNTA GORDA, FL 33950

TITLE      PT  
NAME      TAYLOR, PETER CRAIG  
STREET ADDRESS      624 W. MARION AVENUE  
CITY-ST-ZIP      PUNTA GORDA, FL

TITLE  
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**DO NOT WRITE  
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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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05  
Date

941-637-6400  
Daytime Phone #