

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90009 038 ***150.00

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1. Entity Name

TAYLOR CONTRACTORS OF FLORIDA, INC.



Principal Place of Business

645 CHARLOTTE STREET
PUNTA GORDA, FL 33950

Mailing Address

645 CHARLOTTE STREET
PUNTA GORDA, FL 33950

40069213



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1641046

Applied For

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, 2008 Fee will be \$550.00

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
SECC
TAYLOR, PETER FRANCIS
645 CHARLOTTE STREET
PUNTA GORDA, FL 33950

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Burton L. Wahlburg
2533 Rio Lisboa Ct.
Punta Gorda, FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-08

Date

Daytime Phone #

941 637 6400