2008 FOR PROFIT CORPORATION **ANNUAL REPORT** Jan 14, 2008 08:00 Al Secretary of State **DOCUMENT # 597866** 1. Entity Name W.E. TAYLOR MAINTENANCE, INC. Principal Place of Business Mailing Address 2508 NE 7TH AVE. 2508 NE 7TH AVE. WILTON MANORS, FL 33305 WILTON MANORS, FL 33305 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1874183 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE TAYLOR, W. E. 2508 N.E. 7TH AVENUE WILTON MANORS, FL 33305 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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees	U00000784277 01/16/08-80049-004 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, WILLIAM E 2508 N.E. 7TH AVE WILTON MANORS, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, JAMES L 3333 NE 34TH ST #504 FORT LAUDERDALE, FL 33308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
YITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

(NOTE Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this fitting 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

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

FILED

Applied For

\$8.75 Additional

Fee Required

DATE

Not Applicable