

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 689703**

1. Entity Name

TAYLOR REFRIGERATION, INC.



Principal Place of Business

TAYLOR REFRIG. INC  
119 HWY 79  
PANAMA CITY BEACH FL 32413  
US

Mailing Address

TAYLOR REFRIG. INC  
119 HWY 79  
PANAMA CITY BEACH FL 32413  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1969370**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

TAYLOR, ROBERT D  
119 HWY 79  
PANAMA CITY BEACH FL 32413

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

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP		TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	
P	TAYLOR, ROBERT DANIEL	103 COLINA CIRCLE	PANAMA CITY	BCH	FL	<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	TAYLOR, TREVA	103 COLINA CIRCLE	PANAMA CITY	FL	32413	<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	TAYLOR, TREVA	103 COLINA CIRCLE	PANAMA CITY	FL	32413	<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition

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01/26/07-80063-001-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

ROBERT DANIEL TAYLOR

Date

Daytime Phone #

1-22-07

850-234-3200