

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000001509**  
 1. Entity Name  
 NELSON A. TAYLOR CO., INC.



Principal Place of Business      Mailing Address  
 66 KINGSBORO AVE.      66 KINGSBORO AVE.  
 GLOVERSVILLE, NY 12078      GLOVERSVILLE, NY 12078



01082004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 14-1109940      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

**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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

DATE: 02/04/04-80184-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAYLOR, JAMES W 66 KINGSBORO AVE. GLOVERSVILLE, NY 12078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, JOHN E 66 KINGSBORO AVE. GLOVERSVILLE, NY 12078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLINT, DENNIS F 66 KINGSBORO AVE. GLOVERSVILLE, NY 12078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHALIFE, ROBERT 66 KINGSBORO AVE. GLOVERSVILLE, NY 12078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **SECRETARY**      1/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #