2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State
JAN 21 2005

DOCUMENT # F01000003445

1. Entity Name

J.J. TAYLOR DISTRIBUTING FLORIDA, INC.

Principal Place of Business	Mailing Address
11780 U.S. HIGHWAY #1, SUITE 204 NORTH PALM BEACH FL 33408	11780 U.S. HIGHWAY #1, SUITE 204 NORTH PALM BEACH FL 33408

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1100950 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DES PLAINES, HENRI J
11780 U.S. HIGHWAY #1
SUITE 204
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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 _____ DATE
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TAYLOR, JOHN J III 11780 U.S. HIGHWAY #1, GOLDEN BEAR PLAZA NORTH PALM BEACH FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition I00000022850 02/10/05-80021-003 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DESPLAINES, HENRI J 11780 U.S. HIGHWAY #1, GOLDEN BEAR PLAZA NORTH PALM BEACH FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CABLE, STUART M 53 STATE STREET BOSTON MA 02109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PORTUONDO, MANUEL 16911 GATOR ROAD FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ HENRI J. DESPLAINES 1/27/05 561 775 1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #