2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State
01-25-2006 90028 046 ***150.00

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

2. Principal Place of Business	3. Mailing Address
655 North AlA Suite, Apt. #, etc.	655 North AlA Suite, Apt. #, etc.
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33477 Country: US	Zip: 33477 Country: US

01132006 Chg-P CR2E034 (11/05)

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	7. Name and Address of New Registered Agent
DES PLAINES, HENRI J 11780 U.S. HIGHWAY #1 SUITE 204 NORTH PALM BEACH, FL 33408	Name Street Address (P.O. Box Number is Not Acceptable): 655 North AlA City: Jupiter, FL Zip Code: 33477

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, 2006 Fee will be $550.00

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	XX Change ☐ Addition 655 North AlA Jupiter, FL 33477	
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	XX Change ☐ Addition 655 North AlA Jupiter, FL 33477	
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	XX Change ☐ Addition 2040 Park 82 Drive Ft. Myers, FL 33905	
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 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: _____ 3/16/06 (561) 354-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #