


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F01000003445 1. Entity Name J.J. TAYLOR DISTRIBUTING FLORIDA, INC.	
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Principal Place of Business 655 NORTH A1A JUPITER, FL 33477	Mailing Address 655 NORTH A1A SUITE 204 JUPITER, FL 33477
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02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DES PLAINES, HENRI J
655 NORTH A1A
JUPITER, FL 33477

**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.

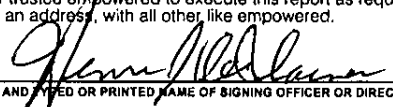
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000845077 03/13/08-80024-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAYLOR, JOHN J III 655 NORTH A1A JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DESPLAINES, HENRI J 655 NORTH A1A JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABLE, STUART M 53 STATE STREET BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTUONDO, MANUEL 2040 PARK 82 DRIVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **2/12/08** **561-354-2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #