

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90043 026 ***150.00

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1. Entity Name
J.F. TAYLOR, INC.



Principal Place of Business
21610 SOUTH ESSEX DRIVE
LEXINGTON PARK, MD 20653

Mailing Address
21610 SOUTH ESSEX DRIVE
LEXINGTON PARK, MD 20653

00008183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006

Chg-P

CR2E034 (11/05)

4. FEI Number
52-1397047

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAROLAN, J.P. III
390 N. ORANGE AVENUE, #1500
ORLANDO, FL 32801

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN F	
STREET ADDRESS	48631 DEEP COVE LANE	
CITY-ST-ZIP	RIDGE, MD 20680	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN F JR	
STREET ADDRESS	20871 CHESTNUT RIDGE	
CITY-ST-ZIP	LEONARDTOWN, MD 20650	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TAYLOR, HELEN M	
STREET ADDRESS	48631 DEEP COVE LANE	
CITY-ST-ZIP	RIDGE, MD 20680	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, MARK J	
STREET ADDRESS	23112 ALDER LANE	
CITY-ST-ZIP	CALIFORNIA, MD 20619	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, WAYNE	
STREET ADDRESS	19621 MARK WAY	
CITY-ST-ZIP	GREAT MILLS, MD 20634	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CYNTHIA M	
STREET ADDRESS	213 CAROLINE STREET	
CITY-ST-ZIP	FREDERICKSBURG, VA 22401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Jeffrey J.	
STREET ADDRESS	41822 Foxwell Point Lane	
CITY-ST-ZIP	Leonardtwn, MD 20650	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lowe, David M.	
STREET ADDRESS	13489 Point Lookout Road	
CITY-ST-ZIP	Ridge, MD 20680	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sydnor, David W.	
STREET ADDRESS	45475 Mount Olive Way	
CITY-ST-ZIP	Valley Lee, MD 20692	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Helen M Taylor* Corporate Secretary/Treasurer 1/23/06 (301) 862-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #