


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90015 034 ***150.00

DOCUMENT # F04000001261 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1397047	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 WHWW, Inc. Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue, Suite 1500 City Orlando FL Zip Code 32801		
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 <u>Helen M Taylor as VP of WHWW, Inc.</u> (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP TAYLOR, JOHN F 48631 DEEP COVE LANE RIDGE, MD 20680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Taylor, Jeffrey J. 41822 Foxwell Point Lane Leonardtown, MD 20650	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, JOHN F JR 20871 CHESTNUT RIDGE LEONARDTOWN, MD 20650	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lowe, David M. 13489 Point Lookout Road Ridge, MD 20680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR, HELEN M 48631 DEEP COVE LANE RIDGE, MD 20680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sydnor, David W. 45475 Mount Olive Way Valley Lee, MD 20692	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, MARK J 23112 ALDER LANE CALIFORNIA, MD 20619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, WAYNE 19621 MARK WAY GREAT MILLS, MD 20634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, CYNTHIA M 213 CAROLINE STREET PREDERICKSBURG, VA 22401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Helen M Taylor</u> HELEN M TAYLOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/23/2008 (301) 862-3939 Date Daytime Phone #		