

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001044

Entity Name: TAYLOR BENEFIT RESOURCE, INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

164 COMMERCIAL DR.
THOMASVILLE, GA 31757

New Principal Place of Business:

Current Mailing Address:

164 COMMERCIAL DR.
THOMASVILLE, GA 31757

New Mailing Address:

FEI Number: 58-2655436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, DONALD C JR.
4948 CROSS POINTE DR.
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: TAYLOR, DARLENE K
Address: 100 TOWN CT.
City-St-Zip: THOMASVILLE, GA 31792

Title: V () Delete
Name: BUSWELL, CHRISTOPHER S
Address: 114 HEARDS POND LANE
City-St-Zip: THOMASVILLE, GA 31757

Title: T () Delete
Name: WHIDDON, DONNA
Address: 236 DE CHANE DR
City-St-Zip: THOMASVILLE, GA 31757

Title: V () Delete
Name: TAYLOR, JOHN N
Address: 2400 PATTERSON ST.
City-St-Zip: THOMASVILLE, GA 31757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS S. BUSWELL

VP

04/03/2009

Electronic Signature of Signing Officer or Director

Date