

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F34655

FILED
Feb 13, 2009
Secretary of State

Entity Name: TAYLOR REFRIGERATION & AIR CONDITIONING, INC.

Current Principal Place of Business:

320 ST. RD. 207
P.O. BOX 1450
ST AUGUSTINE, FL 320851450 US

New Principal Place of Business:

320 ST. RD. 207
ST AUGUSTINE, FL 320851450 US

Current Mailing Address:

320 ST. RD. 207
P.O. BOX 1450
ST AUGUSTINE, FL 320851450 US

New Mailing Address:

P.O. BOX 1450
ST AUGUSTINE, FL 320851450 US

FEI Number: 59-2082548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, MARK R
320 STATE RD 207
ST AUGUSTINE, FL 32084 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: DP () Delete
Name: TAYLOR, MARK REBEL,
Address: 1665 WOODLAWN ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT () Delete
Name: TAYLOR, CLARA,
Address: 1065 STATE ROAD 16
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DC () Delete
Name: TAYLOR, MARIO W.,SR.,
Address: 1065 ST. RD. 16
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: S () Delete
Name: TAYLOR, TRUDY,
Address: P.O. BOX 1450
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TAYLOR, MARK REBEL,
Address: 114 GRAFFT LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

Title: S (X) Change () Addition
Name: TAYLOR, TRUDY,
Address: 707 WARBLER RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: TRUDY TAYLOR

S

02/13/2009

Electronic Signature of Signing Officer or Director

Date