## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Jan 17, 2008 08:00 A Secretary of State DOCUMENT # F95000002392 R-J TAYLOR, GENERAL CONTRACTORS, INC. Principal Place of Business Mailing Address 2580 BAIRD RD. 2580 BAIRD RD. PENFIELD, NY 14526 PENFIELD, NY 14526 CR2E034 (11/05) 01142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1233315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TAYLOR, JAMES D NAME 18 BROOKWOOD ROAD STREET ADDRESS PITTSFORD, NY 14534 CITY-ST-7IP TITLE TAYLOR, JEFFREY D NAME STREET ADDRESS 61 COUNTRY CLUB DR CITY-ST-ZIP ROCHESTER, NY 14618 TITLE SCHULER, KARL NAME STREET ADDRESS 111 GUYERACE AVE DO NOT WRITE CITY-ST-ZIP WEBSTER, NY 14580 IN THIS SPACE TITLE 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 accurage 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:

TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE .

STREET ADDRESS CITY-ST-ZIP

JAMES D. TAYLOR

1-14-08

585-248-6000