

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2005 08:00 AM  
Secretary of State

DOCUMENT # F97000000434

1. Entity Name

J.J. TAYLOR TRANSPORTATION, INC.



Principal Place of Business

11780 US HWY #1  
STE 204  
NORTH PALM BEACH FL 33408  
US

Mailing Address

11780 US HWY #1  
STE 204  
NORTH PALM BEACH FL 33408  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0731435

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESPLAINES, HENRI J  
11780 U.S. HIGHWAY #1, SUITE 204  
NORTH PALM BEACH FL 33408

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME TAYLOR, EDUARDA M  
STREET ADDRESS 11780 US HWY 1 STE 204  
CITY-STATE-ZIP NORTH PALM BEACH FL 33408

TITLE PSD ☐ Delete  
NAME TAYLOR, JOHN J III  
STREET ADDRESS 11780 US HWY #1  
CITY-STATE-ZIP NORTH PALM BEACH FL 33408

TITLE VTD ☐ Delete  
NAME DESPLAINES, HENRI J  
STREET ADDRESS 11780 US HWY #1  
CITY-STATE-ZIP NORTH PALM BEACH FL 33408

TITLE S ☐ Delete  
NAME CABLE, STUART M  
STREET ADDRESS EXCHANGE PLACE  
CITY-STATE-ZIP BOSTON MA 02114-3906

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000221204  
CITY-STATE-ZIP 02/09/05-80023-013 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Henri J Desplaines* HENRI J DESPLAINES 1/27/05 561 775 1777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #