

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000005241

1. Entity Name  
TAYLOR MADE ENVIRONMENTAL, INC.



Principal Place of Business  
2000 N ANDREWS AVE  
POMPANO BEACH, FL 33069

Mailing Address  
509 S POPLAR STREET  
LAGRANGE, IN 46761



03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1591295

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U000000299635  
04/11/05-80118-001 300.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WATERS, JOHN  
STREET ADDRESS 2320 INDUSTRIAL PARKWAY  
CITY-ST-ZIP ELKHART, IN 46516

TITLE S  
NAME MARCIAMO, FRANK  
STREET ADDRESS 2000 N ANDREWS AVE  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D  
NAME JOHANSSON, LARS  
STREET ADDRESS ABSE 111  
CITY-ST-ZIP FABRICKEN NYGATAN, SW 35

TITLE D  
NAME MAURER, ROGER  
STREET ADDRESS ZURCHENSTRASSE 239  
CITY-ST-ZIP FRAVENFELD, SZ

TITLE T  
NAME PHILLIPS, MICHAEL  
STREET ADDRESS 6 TREFOREST DRIVE  
CITY-ST-ZIP AUSTRALIA, AU

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #