

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90133 032 ***150.00

DOCUMENT # F99000000044

1. Entity Name
TAXOLOG, INC.



Principal Place of Business

**10 INDUSTRIAL RD
FAIRFIELD, NJ 07004**

Mailing Address

**C/O HARRISON CPA & CONSULTING P.C.
PO BOX 7125
CAVE CREEK, AZ 85327**

40066169



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3583208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLTON, ROBERT A
DEPT. OF CHEMISTRY,
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306**

**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

N/A

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD METTS, LEWIS L 10 INDUSTRIAL RD FAIRFIELD, NJ 07004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRISON, RICHARD A PO BOX 7125 CAVE CREEK, AZ 85327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, ROBERT A DEPT. OF CHEMISTRY, FLORIDA STATE UNIVER TALLAHASSEE, FL 32306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINKLE, CLIFFORD R P.O. BOX 351 TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MARC D 10 INDUSTRIAL RD. FAIRFIELD, NJ 07004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLGOOD, J. KELLY 236 WINGED FOOT CIRCLE JACKSON, MS 39211

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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)(i), 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:

Richard A. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 480.922.9155