

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G50626

FILED
Jan 18, 2009
Secretary of State

Entity Name: TACO EQUIPMENT AND SALES, INC.

Current Principal Place of Business:

C/O HARVEY L. STRICKLAND
2673 SOUTH BYRON BUTLER PARKWAY
PERRY, FL 32348

New Principal Place of Business:

Current Mailing Address:

C/O HARVEY L. STRICKLAND
2673 SOUTH BYRON BUTLER PARKWAY
PERRY, FL 32348

New Mailing Address:

FEI Number: 59-2312875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, HARVEY L.
2673 SOUTH BYRON BUTLER PARKWAY
PERRY, FL 32348 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: PD () Delete
Name: STRICKLAND, JAMES M.
Address: RT. 5, BOX 93
City-St-Zip: PERRY, FL

Title: VD () Delete
Name: STRICKLAND, HARVEY L, JR
Address: RT. 4, BOX 22
City-St-Zip: PERRY, FL

Title: STD () Delete
Name: STRICKLAND, HARVEY L.
Address: RT. 4, BOX 22
City-St-Zip: PERRY, FL

Title: D () Delete
Name: STRICKLAND, MAVIS J.
Address: RT. 4, BOX 22
City-St-Zip: PERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JEANETTE STRICKLAND

D

01/18/2009

Electronic Signature of Signing Officer or Director

_____ Date