2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07887

FILED Mar 27, 2009 Secretary of State

Entity Name: T.E. TAYLOR CO. **Current Principal Place of Business: New Principal Place of Business:** 221 A FAULKENBURG RD. 221 A FAULKENBURG RD. NORTH P.O. BOX #621 TAMPA, FL 33619 BRANDON, FL 33509 **Current Mailing Address: New Mailing Address:** 221 A FAULKENBURG RD. P.O. BOX #621 P.O. BOX #621 BRANDON, FL 33509 BRANDON, FL 33509 FEI Number: 59-2466269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, TIMOTHY EARL 2308 LUMSDEN RD. VALRICO, FL 33594 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition TAYLOR, TIMOTHY EARL, TAYLOR, TIMOTHY EARL, Name: Name: 2308 LUMSDEN RD. 2308 LUMSDEN RD. Address: Address: City-St-Zip: VALRICO, FL City-St-Zip: VALRICO, FL 33594

() Delete Title: () Change (X) Addition

Title: MATTHEW TAYLOR. Name: Name: Address: Address: 5901 ROME AVENUE TAMPA, FL 33504 City-St-Zip: 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: TIMOTHY E. TAYLOR PD 03/27/2009