

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # H28346

1. Entity Name
JAMES E. TRAYLOR INC.



Principal Place of Business
**3180 DIXIE HIGHWAY
PALM BAY, FL 32905 US**

Mailing Address
**1037 KNECHT ROAD
PALM BAY, FL 32905**



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1295380

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TRAYLOR, JAY S.
1025 KNECHT RD SW
PALM BAY, FL 32905**

**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, 2007 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	PTD TRAYLOR, JAMES E. 1037 KNECHT ROAD PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TRAYLOR, BETTY 1037 KNECHT ROAD PALM BAY FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAYLOR, JAY S. 1025 KNECHT RD. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/07-80036-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

JAMES E. TRAYLOR

2/8/07