

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # J21506			
1. Entity Name TAYLOR TIRE AND SERVICE CENTER, INC.			
Principal Place of Business 4029 LITTLE RD. NEW PORT RICHEY FL 34653 US		Mailing Address 4029 LITTLE RD. NEW PORT RICHEY FL 34653 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE

CR2E034 (10/04)

4. FEI Number **59-2688788**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, MARK C.
4029 LITTLE ROAD
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, MARK C.	
STREET ADDRESS	4029 LITTLE ROAD	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TAYLOR, STEVEN M.	
STREET ADDRESS	4029 LITTLE ROAD	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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05/03/05-80067-010 150.00

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: *Mark C. Taylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

Daytime Phone #