

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90005 028 ***150.00

DOCUMENT # J45768

1. Entity Name
TAYLOR'S TRUCK CENTER, INC.



Principal Place of Business
1804 N GOLDEN ROD
ORLANDO, FL 32807 US

Mailing Address
1804 GOLDENROD RD
ORLANDO, FL 32807 US

2. Principal Place of Business
15315 N Hwy 441 Unit 30
Suite, Apt. #, etc.

3. Mailing Address
PO Box 868
Suite, Apt. #, etc.

City & State
A1achua FL

City & State
7/A FL

Zip
32616

Country
A1achua

Barcode

05062005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2824548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, RICAHRD L
1804 N GOLDENROD RD
ORLANDO, FL 32807

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: Richard Taylor 6-1-05

(NOTE: Registered Agent Signature required when reappointing)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, RICHARD L. 8244 CURRY FORD RD ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BEVERLY M. 8244 CURRY FORD RD ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Taylor 6-1-05 - 386-418-2220 - 0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 467-342-6075 - C