

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 25, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L87087**

**1. Entity Name  
TACCOR, INC.**



**Principal Place of Business  
1837 KEMPTON RD  
CHARLESTON, SC 29412 US**

**Mailing Address  
1837 KEMPTON RD  
CHARLESTON, SC 29412 US**



02212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
57-0971297**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**VAUGHEN, DANIEL R.  
1485 PERIWINKLE DR  
DELAND, FL 32724**

**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 restate)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**1000000065206  
02/25/04-80028-013 150.00**

**10. OFFICERS AND DIRECTORS**

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>DPST ORGAN, LESLIE W. 1837 KEMPTON RD CHARLESTON, SC 29412</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>DV BRADHAM, GILBERT B. 333 CONFEDERATE CIRCLE CHARLESTON, SC 29407</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>D STEWART, ROBERT W. 201 HUNTINGTON RD. GREENVILLE, SC 29615</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**LESLE W. ORGAN 02/21/04 8437626467**