

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90003 015 ***150.00

DOCUMENT # P01000031098

1. Entity Name
TAYLOR & ALLEN 4X4 & CUSTOM ACCESSORIES, INC.



Principal Place of Business
**604 EAST BAKER ST
PLANT CITY, FL 33564**

Mailing Address
**PO BOX 1208
PLANT CITY, FL 33564-1208**

14027479



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09222004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3705227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, SHERYL A
5102 N GALLAGHER RD
PLANT CITY, FL 33565**

Name **Taylor, Sheryl A.**

Street Address (P.O. Box Number is Not Acceptable)
18430 Dorman Rd.

City **Lithia**

FL

Zip Code
33547

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 *Sheryl Taylor*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**PT
TAYLOR, MICHAEL D
5102 N GALLAGHER RD
PLANT CITY, FL 33565** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
Allen, Linda S.
18430 Dorman Rd.
Lithia, FL 33547** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
TAYLOR, SHERYL A
5102 N GALLAGHER RD
PLANT CITY, FL 33565** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
Taylor, Sheryl A.
18430 Dorman Rd.
Lithia, FL 33547** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 *Sheryl Taylor*

Attachment

14027479
#PO/000031098

Please deduct the
400.00 penalty from
this form. We only
received a card on
the dissolution of
the Corporation.

Thanks