

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/4/2005-90002-016-\$158.75-\$158.75

DOCUMENT # P01000041340

1. Entity Name

CAPT. G. BENNETT TAYLOR INC.



SEP 15 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66027359

Principal Place of Business

3525 EAGLE AVE
KEY WEST FL 33040

Mailing Address

3525 EAGLE AVE
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1129808

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, BENNETT
3525 EAGLE AVE
KEY WEST FL 33040

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 necessary)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
TAYLOR, G BENNETT
3525 EAGLE AVE
KEY WEST FL 33040 ☐ Delete

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

TITLE
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CITY- ST- ZIP
D
TAYLOR, BARBARA
3525 EAGLE AVE
KEY WEST FL 33040 ☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/05 305 923-1043

Date

Daytime Phone #

ATTACHMENT
66027359

Captain G.Bennett Taylor Inc

3525 Eagle Avenue
Key West, Florida
33040
(305) 923-1043

August 27,2005

Florida Department of State
Divisions Of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Reference Number : P0100041340

Dear Gentleman,

I would like to request a waiver of the \$ 400.00 late fee because I did not receive the annual report notice from the state. I have enclosed a copy of my sign Annual report plus the letter received from your office. In my previous report I included a check for \$ 158.75 for filing fee and a certificate of status. The mail service here in Key West has lost or misplaced several important documents and notices to my business over the last year and have stated federal budget cutbacks as the problem. Please call me immediately if there are any problems or questions with the report Cell Phone 305-923-1043.

Thank You,


Capt. G. Bennett Taylor