


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000097382		
1. Entity Name JAMES TAYLOR VINSON CO., INC.		
Principal Place of Business 11643 LOIS CROSS COURT JACKSONVILLE, FL 32258	Mailing Address 11643 LOIS CROSS COURT JACKSONVILLE, FL 32258	



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3747257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VINSON, ALAN 11643 LOIS CROSS CT. JACKSONVILLE, FL 32258
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**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 *Alan Vinson* *President* 4.11.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINSON, ALAN 11643 LOIS CROSS COURT JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINSON, E. CHRISTINE 11643 LOIS CROSS CT. JACKSONVILLE, FL 32258
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IN THIS SPACE**

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04/20/07-80130-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alan Vinson* *Alan Vinson* 4.11.07 904-233-2856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #