2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000004721

1. Entity Name

N.G. TAYLOR III ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1455 HOLLY HEIGHTS DRIVE, #48 FORT LAUDERDALE FL 33304	1455 HOLLY HEIGHTS DRIVE, #48 FORT LAUDERDALE FL 33304

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc. Same as Above	Suite, Apt #, etc. Same as Above
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3588316 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, NORMAN G
1455 HOLLY HEIGHTS DRIVE, #48
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name N/A
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 N G Taylor III 1/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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, NORMAN G III 1455 HOLLY HEIGHTS DRIVE, #48 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000014635 01/27/04-80030-019 150.00	☐ Change ☐ 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: N G Taylor III 1/21/04 954 665-49
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #