

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90671 018 ***150.00

DOCUMENT # P02000011020

1. Entity Name
WILLIAM TAFT, INC.



Principal Place of Business Mailing Address
~~11250 OLD ST. AUGUSTINE RD., #15-200~~
~~JACKSONVILLE, FL 32257~~
~~11250 OLD ST. AUGUSTINE RD., #15-200~~
~~JACKSONVILLE, FL 32257~~
✓ Same as

34078783



04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address
PMB 392 445 State Road 13N #26
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

4. FEI Number
37-1419725

Applied For
Not Applicable

Zip Country
32259-3838 St. Johns

Zip Country

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

WOODS, ROGER
~~11250 OLD ST. AUGUSTINE RD., #15-200~~
~~JACKSONVILLE, FL 32257~~

Name ~~11250~~ ROGER Woods

Street Address (P.O. Box Number is Not Acceptable)
PMB 392 445 State Road 13N #26

City Jacksonville, FL

Zip Code 32259-3838

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 reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME WOODS, ROGER ☐ Delete
STREET ADDRESS 11250 OLD ST. AUGUSTINE RD., #15-200
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE PT
NAME WOODS, ROGER ☒ Change ☐ Addition
STREET ADDRESS PMB 392 445 State Road 13N #26
CITY-ST-ZIP Jacksonville, FL 32259-3838

TITLE D
NAME WOODS, ROGER ☐ Delete
STREET ADDRESS 11250 OLD ST. AUGUSTINE RD., #15-200
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D
NAME WOODS, ROGER ☐ Change ☐ Addition
STREET ADDRESS PMB 392 445 State Road 13N #26
CITY-ST-ZIP Jacksonville, FL 32259-3838

TITLE D
NAME WOODS, DEBBIE ☐ Delete
STREET ADDRESS 11250 OLD ST. AUGUSTINE RD., #15-200
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE V S D
NAME WOODS, DEBBIE ☐ Change ☐ Addition
STREET ADDRESS PMB 392 445 State Road 13N #26
CITY-ST-ZIP Jacksonville, FL 32259-3838

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4-30-04 904-287-0039

Date Daytime Phone #