

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000011020

Entity Name: WILLIAM TAFT, INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

PMB 392 445 STATE RD 13 N #26  
JACKSONVILLE, FL 322593838

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 392 445 STATE RD 13 N #26  
JACKSONVILLE, FL 322593838

**New Mailing Address:**

FEI Number: 37-1419725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODS, ROGER  
PMB 392 445 STATE RD 13 N #26  
JACKSONVILLE, FL 322593838 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: WOODS, ROGER  
Address: PMB 392 445 STATE RD 13 N #26  
City-St-Zip: JACKSONVILLE, FL 322593838

Title: D  
Name: WOODS, ROGER  
Address: PMB 392 445 STATE RD 13 N #26  
City-St-Zip: JACKSONVILLE, FL 322593838

Title: VSD  
Name: WOODS, DEBBIE  
Address: PMB 392 445 STATE RD 13 N #26  
City-St-Zip: JACKSONVILLE, FL 322593838

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROGER WOODS

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date