

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068134

FILED
Apr 14, 2007
Secretary of State

Entity Name: TAURUS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

613 HAMILTON AVENUE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1018
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 04-3687697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOFTON, TRAVIS
613 HAMILTON AVENUE
LEHIGH ACRES, FL 33972 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOFTON, TRAVIS
Address: 613 HAMILTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: O () Delete
Name: LOFTON, TRAVIS VP
Address: P.O. BOX 1629
City-St-Zip: LEHIGH ACRES, FL 33970

Title: O () Delete
Name: LOFTON, KELLEY G P
Address: 613 HAMILTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: O () Delete
Name: LOFTON, TRAVIS T
Address: 613 HAMILTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: LOFTON, KELLEY G
Address: 613 HAMILTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: O () Delete
Name: LOFTON, KELLEY G S
Address: 613 HAMILTON AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TRAVIS LOFTON

D

04/14/2007

Electronic Signature of Signing Officer or Director

Date