

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068134

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** TAURUS OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

7752 FIFTH PLACE  
LEHIGH ACRES, FL 33936

**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  
7752 FIFTH PLACE  
LEHIGH ACRES, FL 33936 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: D  
Name: LOFTON, TRAVIS  
Address: 7752 FIFTH PLACE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: O  
Name: LOFTON, TRAVIS VP  
Address: 7752 FIFTH PLACE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: O  
Name: LOFTON, KELLEY G P  
Address: 7752 FIFTH PLACE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: O  
Name: LOFTON, TRAVIS T  
Address: 7752 FIFTH PLACE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D  
Name: LOFTON, KELLEY G  
Address: 7752 FIFTH PLACE  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: O  
Name: LOFTON, KELLEY G S  
Address: 7752 FIFTH PLACE  
City-St-Zip: LEHIGH ACRES, FL 33936

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: TRAVIS LOFTON

D

03/01/2011

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

\_\_\_\_\_  
Date