

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/23/2004-90002-019-\$150.00-\$150.00

DOCUMENT # P03000043676

1. Entity Name  
JAMES TAUB ENTERPRISES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 14 AM 8:00

Principal Place of Business  
6794 NW 49TH COURT  
OCALA, FL 34482

Mailing Address  
6794 NW 49TH COURT  
OCALA, FL 34482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08102004

Chg-P

CR2E034 (10/03)

4. FEI Number

76 07 32/67

Applied For

Not Applicable

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

TAUB, JAMES L  
6794 NW 49TH COURT  
OCALA, FL 34482

Name

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

*James L. Taub*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

09/19/04

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	TAUB, JAMES L	
STREET ADDRESS	6794 NW 49TH COURT	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	PT	<input type="checkbox"/> Delete
NAME	TAUB, JAMES L	
STREET ADDRESS	6794 NW 49TH COURT	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAUB, KELLY	
STREET ADDRESS	6794 NW 49TH COURT	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TAUB, KELLY	
STREET ADDRESS	6794 NW 49TH COURT	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*James L. Taub*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/19/04

Daytime Phone #

Attachment

2/08/215 202

P03 00004346

I never received the annual report notice. Please waive the \$400.00 fee due to this oversight. Also, this letter is dated August 10<sup>th</sup> but I did not receive it until August 28<sup>th</sup>.

James L. Taub  
6794 NW 49<sup>th</sup> Ct.  
Ocala, FL 34482  
(352) 368-7625

James L. Taub  
09/19/04