## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 08, 2004 8:00 am Secretary of State

## ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P03000136370 09-08-2004 90207 002 \*\*\*150.00 TAYLOR'S SEPTIC & SITE WORK, INC. Principal Place of Business Mailing Address 41090 SUZAN DRIVE 41090 SUZAN DRIVE PUNTA GORDA, FL 33955-9608 PUNTA GORDA, FL 33955-9608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number L Applied For 20-042 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, FRANK D 41090 SUZAN DRIVE Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA, FL 33955-9608 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TILE Change ☐ Addition TAYLOR, FRANK D NAME NAME STREET ADDRESS 41090 SUZAN DRIVE STREET ADDRESS PUNTA GORDA, FL 339559608 CITY-ST-ZIP CHTY - ST- 719 Delete TITLE TITLE ☐ Change Addition TAYLOR, SHAWN NAME NAME 41090 SUZAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 339559608 CUTY-ST-ZIP TITLE Delete TITLE Change ☐ Addition TAYLOR, CYNTHIA E NAME NAME STREET ADDRESS 41090 SUZAN DRIVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 339559608 CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY - ST - ZIP TITLE Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MILE Delete TOTALE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: FRANK D. TAY 1012 9-1-04 239-543-868