

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068081

1. Entity Name
EL TAXCO, INC.



FILED
Apr 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

4901 E. SILVER SPRINGS BOULEVARD
SUITE 800
OCALA, FL 34470

Mailing Address

4901 E. SILVER SPRINGS BOULEVARD
SUITE 800
OCALA, FL 34470



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0720819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMAN, ALBERTICO
4901 E. SILVER SPRINGS BOULEVARD
SUITE 800
OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROMAN, ALBERTICO
STREET ADDRESS	4901 E. SILVER SPRINGS BLVD., SUITE 800
CITY-ST-ZIP	OCALA, FL 34470

TITLE	
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05/01/08-80062-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/08 352-374-6699
Date Daytime Phone #