2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000059526

1. Entity Name
TAYLOR, LOMBARDI, HALL & WYDRA, P.A.

Principal Place of Business	Mailing Address
875 CONCOURSE PARKWAY S SUITE 100 MAITLAND, FL 32751 US	875 CONCOURSE PARKWAY S SUITE 100 MAITLAND, FL 32751 US

DO NOT WRITE IN THIS SPACE

03062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3198644
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, A. VAN
875 CONCOURSE PARKWAY S
SUITE 100
MAITLAND, FL 32751

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	TAYLOR, A. VAN PRES
STREET ADDRESS	628 ROBIN E LANE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	DST
NAME	HALL, DALTON L SEC-TRE
STREET ADDRESS	3782 UPPER UNION ROAD
CITY-ST-ZIP	ORLANDO, FL 32814
TITLE	DV
NAME	LOMBARDI, MICHAEL P V-P
STREET ADDRESS	9615 HOLLYGLEN PLACE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	DV
NAME	WYDRA, CYNTHIA S V-P
STREET ADDRESS	7413 WINDING LAKE CIRCLE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: A. Van Taylor A. Van Taylor 3/10/08 407.539.2066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #