

2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-19-2008 90001 024 ***150.00
P95000014207

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000014207 1. Entity Name TAYLOR PLUMBING & REMODELING, INC.					
Principal Place of Business 2310 NE 2ND ST POMPANO BEACH, FL 33062			Mailing Address 2310 NE 2ND ST POMPANO BEACH, FL 33062		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0556739				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, BRYAN 2310 NE 2ND ST POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ☐ Delete TAYLOR, BRYAN 2310 NE 2ND ST POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>*API Requested on return for late fee.</i> <i>Times filed out penalty fees waived.</i> <i>Jim 10/28/08</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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REINSTATEMENT					
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: <i>Bryan Taylor</i> Date: _____ Daytime Phone: _____					