2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 05, 2004 8:00 am Secretary of State DOCUMENT # P97000010419 1. Entity Name 05-05-2004 90214 040 ***150.00 TAYLOR PAINTING, INC. Principal Place of Business Mailing Address 330 S.E. 8TH AVENUE DEERFIELD BEACH FL 33441 330 S.E. 8TH AVENUE <u>ሬ</u>ዟህህህ ^ ~ DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0813595 Not Applicable Zip Country Zip 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 TAYLOR, LORI-Street Address (P.O. Box Number is Not Acceptable) 330 SE 8TH AVE DEERFIELD BEACH FL 33441 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ☐ Delete NAME TAYLOR, LORI A NAME 330 S.E. 8TH AVENUE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition TAYLOR, THOMAS L NAME NAME STREET ADDRESS 330 S.E. 8TH AVENUE STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITI'S ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Lori A. Taylor

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