

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000069548

1. Entity Name

TAYLOR & WAINIO, CPA'S, P.A.



Principal Place of Business

120SR 312 W

# 1

ST AUGUSTINE, FL 32086

Mailing Address

120SR 312 W

# 1

ST AUGUSTINE, FL 32086

**DO NOT WRITE IN THIS SPACE**



01142004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3463463

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TAYLOR, DAIL A

120 SR 312 W. STE 1

ST AUGUSTINE, FL 32086

**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, 2004 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 TAYLOR, DAIL A  
STREET ADDRESS 316 REDWING LNAE  
CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE D  
NAME WAINIO, FREDRICK J JR  
STREET ADDRESS 3056 CYPRESS CREEK DRIVE E  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300032778913  
04/15/04--01015--002 \*\*200.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-2004

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