2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State
06-04-2008 90005 008 ***150.00

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1. Entity Name
TAYLOR HOME SERVICES, INC.

Principal Place of Business	Mailing Address
3005 BRIANT STREET NORTH PORT, FL 34287	3005 BRIANT STREET NORTH PORT, FL 34287

66015035

01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0758625
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL F
3005 BRIANT STREET
NORTH PORT, FL 34287

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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 Michael Taylor Michael Taylor 4/27/08
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	TAYLOR, MICHAEL F Recording Secretary
STREET ADDRESS	3005 BRIANT STREET
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	D
NAME	TAYLOR, MICHAEL A President
STREET ADDRESS	4106 WOOLEY AVE.
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	Taylor Theresa M. Vice President
STREET ADDRESS	3005 BRIANT ST.
CITY-ST-ZIP	North Port FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Michael Taylor 4/27/08 941 426 1496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #