


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P98000076033 1. Entity Name TAFT-VINELAND PROPERTIES, INC.	
--	---

Principal Place of Business 365 TAFT-VINELAND ROAD SUITE 105 ORLANDO, FL 32824 US	Mailing Address 365 TAFT-VINELAND ROAD SUITE 105 ORLANDO, FL 32824 US
--	--



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3535019	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent STAMP, MARTIN F 940 HIGHLAND AVE ORLANDO, FL 32803

**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 the signature is typed)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000759508 05/24/07-80045-024 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL, JOHN H 365 TAFT-VINELAND ROAD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUSSELL, JOHN B 2645 CHEROKEE ROAD ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MADISON, PETER D 4908 OAK ISLAND RD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHALIFOUX, DEBBE R 6105 LAKE LIZZIE DR SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE: Debbe R. Chalifoux 4/30/07 407-908-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #