2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000076033

1. Entity Name
TAFT-VINELAND PROPERTIES, INC.

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

DO NOT WRITE IN THIS SPACE

03202008 No Chg-P CR2E034 (11/05)

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

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

6. Name and Address of Current Registered Agent

STAMP, MARTIN F
940 HIGHLAND AVE
ORLANDO, FL 32803

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000008734380
04/10/08-80080-024 150.00

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	DP
NAME	RUSSELL, JOHN H
STREET ADDRESS	365 TAFT-VINELAND ROAD
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	DVP
NAME	RUSSELL, JOHN B
STREET ADDRESS	2645 CHEROKEE ROAD
CITY-ST-ZIP	ST CLOUD, FL 34772
TITLE	DVP
NAME	MADISON, PETER D
STREET ADDRESS	4908 OAK ISLAND RD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	ST
NAME	CHALIFOUX, DEBBE R
STREET ADDRESS	6105 LAKE LIZZIE DR
CITY-ST-ZIP	SAINT CLOUD, FL 34771
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: Debbe R. Chalifoux 3/27/08 407-908-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #