


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000102415</b>	
1. Entity Name TAYLOR FLYING SERVICE, INC.	

Principal Place of Business 5210 PLEASANT RIDGE ROAD MARIANNA, FL 32446	Mailing Address 4095 VALLIE RD MARIANNA, FL 32446
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**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3547182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  BONDURANT, FRANK E 4450 LAFAYETTE STREET MARIANNA, FL 32446	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, TED L 4095 VALLIE ROAD MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXTER, CHARLOTTE T 4095 VALLIE ROAD MARIANNA, FL 32446
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04/20/04 80046-002 150.00

**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: Ted L Baxter Ted L. Baxter President 4-18-04 850-569-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #