

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90046 006 \*\*\*150.00

**DOCUMENT # P99000010945**

1. Entity Name

J. ATWOOD TAYLOR, III, CHARTERED



Principal Place of Business

~~406 EUGENIA RD.~~  
~~VERO BCH FL 32963~~

Mailing Address

406 EUGENIA RD.  
VERO BCH FL 32963

2. Principal Place of Business

5070 North A-1-A

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

~~VERO~~ Vero Beach, FL

City & State

Zip

32963

Country

USA

Zip

Country

4. FEI Number

65-0922035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

J. ATWOOD, TAYLOR III  
SUITE 200 5070 NORTH A-1-A  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1/27/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~PSTD~~ ☐ Delete  
NAME ~~TAYLOR, JAMES A III~~  
STREET ADDRESS ~~SUITE 200, 5070 N. A-1-A~~  
CITY-ST-ZIP ~~VERO BCH FL 32963~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PSTD~~ ☒ Change ☐ Addition  
NAME J. ATWOOD TAYLOR, III  
STREET ADDRESS Suite 200, 5070 North A-1-A  
CITY-ST-ZIP Vero Beach, FL 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1/27/04 772-231-4440  
Date Daytime Phone #