

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000056793

1. Entity Name
 TAYLOR-CADE TREES, INC.



Principal Place of Business
 3675 E C-48
 CENTER HILL, FL 33514

Mailing Address
 401 JUMPER DRIVE SOUTH
 BUSHNELL, FL 33513

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3585743

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MADDOX, STUART W
 401 JUMPER DRIVE SOUTH
 BUSHNELL, FL 33513

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MADDOX, STUART W 401 JUMPER DRIVE SOUTH BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV MADDOX, LORI G 401 JUMPER DRIVE SOUTH BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/21/05-800116-0114 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Stuart W Maddox* *Lori Maddox* *1/13/05* *352-793-8885*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #