

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # S83698

1. Entity Name
TAQ, INC.



Principal Place of Business

1711 LONGWOOD RD
WEST PALM BEACH, FL 33409 US

Mailing Address

1171 LONGWOOD RD
WEST PALM BEACH, FL 33409 US



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0284904

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, F. MORGAN JR
1711 LONGWOOD RD
W PALM BCH, FL 33409

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000767874
07/10/07-80022-007 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAYLOR, F. MORGAN JR
STREET ADDRESS	1711 LONGWOOD RD
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	MCGOVERN, JOHN E JR
STREET ADDRESS	225 W WACKER DRIVE
CITY-ST-ZIP	CHICAGO, IL
TITLE	D
NAME	WILLHITE, THOMAS S.
STREET ADDRESS	1711 LONGWOOD RD
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #