

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V25502**

1. Entity Name  
R R TAYLOR FARMS, INC.



Principal Place of Business

8725 SW KANNER HWY  
INDIANTOWN, FL 34956 US

Mailing Address

8725 SW KANNER HWY  
INDIANTOWN, FL 34956 US



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0323025

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, MARY  
8725 SW KANNER HWY  
INDIANTOWN, FL 34956

**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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME TAYLOR, ROBERT  
STREET ADDRESS 8725 SW KANNER HWY  
CITY - ST - ZIP INDIANTOWN, FL

TITLE V  
NAME SPOONER, MELVIN D JR  
STREET ADDRESS 8775 SW KANNER HIGHWAY  
CITY - ST - ZIP INDIANTOWN, FL 34956

TITLE ST  
NAME TAYLOR, MARY  
STREET ADDRESS 8725 SW KANNA HIGHWAY  
CITY - ST - ZIP INDIANTOWN, FL 34956

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

00000110335  
04/12/04-80078-021 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #