
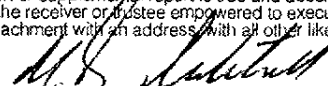


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V26925</b> 1. Entity Name <b>TAYLOR CONTRACT HARDWARE, INC.</b>			
Principal Place of Business <b>4924 W. LA SALLE ST. TAMPA, FL 33607</b>		Mailing Address <b>4924 W. LA SALLE ST. TAMPA, FL 33607</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
6. Name and Address of Current Registered Agent  <b>TAYLOR, WARREN D. 4924 W. LASALLE ST. TAMPA, FL 34607</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<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	
<b>10. OFFICERS AND DIRECTORS</b>		1100000135540 04/28/04-80065-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAYLOR, WARREN D 4924 W LASALLE ST TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROSE MARY 4924 W LASALLE ST TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, MICHAEL B 4924 W. LASALLE ST. TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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.			
<b>SIGNATURE:</b> 		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>M.B. Mitchell, President 4/26/04 813-289-8100</b>	