

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90001 033 \*\*\*150.00

**DOCUMENT # V31600**

1. Entity Name  
**THE TAYLOR COMPANY OF WALTON COUNTY**



Principal Place of Business  
**15 PINE ST.  
GRAYTON BEACH  
SANTA ROSA BEACH, FL 32459 US**

Mailing Address  
**15 PINE ST.  
GRAYTON BEACH  
SANTA ROSA BEACH, FL 32459 US**

2. Principal Place of Business  
**32 DRISCOLL AVENUE**

3. Mailing Address  
**P O Box 1257**

Suite, Apt. #, etc.



05272004 Chg-P CR2E034 (10/03)

City & State  
**SANTA ROSA BEACH, FL**

City & State  
**DE FUNIAC SPRINGS FL**

Zip  
**32459** Country  
**USA**

Zip  
**32435** Country  
**USA**

4. FEI Number  
**59-3419016**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, JAMES H.  
15 PINE STREET  
GRAYTON BEACH  
SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name  
**32 DRISCOLL AVENUE**

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

City **SANTA ROSA BEACH** FL Zip Code **32459**

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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
TAYLOR, JAMES H.  
15 PINE STREET  
SANTA ROSA BEACH, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #