


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # V36809	
1. Entity Name TAYLOR ELECTRONICS, INC.	

Principal Place of Business % WILBUR E. TAYLOR, III 6560 SUPERIOR AVE SARASOTA, FL 34231	Mailing Address P. O. BOX 20669 SARASOTA, FL 34276 US
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01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0337891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAYLOR, WILBUR E., III 6560 SUPERIOR AVE P. O. BOX 20669 SARASOTA, FL 34231

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

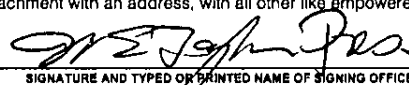
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, WILBUR E., III 4527 LONGSPUR LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, CHERYL L. 4527 LONGSPUR LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RUSSELL M., JR. 8335 CYPRESS HOLLOW DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, PATRICIA A. 8335 CYPRESS HOLLOW DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/08-80031-024 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/29/08 **941 925-3605**
Date Daytime Phone #