


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005571
 1. Entity Name
 TAYLOR TELECOMMUNICATIONS, INC.



Principal Place of Business Mailing Address
 3470 GILCHRIST RD 3470 GILCHRIST RD
 MOGADORE, OH 44260 MOGADORE, OH 44260

DO NOT WRITE IN THIS SPACE



05102005 No Chg-P CR2E034 (10/03)

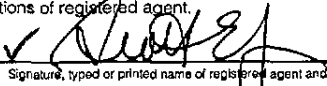
4. FEI Number Applied For
 34-1308172 Not Applicable

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

6. Name and Address of Current Registered Agent
 GORDON, SCOTT
 240 S. PINEAPPLE AVENUE
 SARASOTA, FL 34236

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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  DATE **5-19-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	DP
NAME	TAYLOR, SUSAN K
STREET ADDRESS	212 AKERS AVE
CITY-ST-ZIP	AKRON, OH 44312
TITLE	DST
NAME	TAYLOR, TAM
STREET ADDRESS	2015 SPRINGFIELD CENTER RD
CITY-ST-ZIP	AKRON, OH 44312
TITLE	V
NAME	TAYLOR, SHERRY
STREET ADDRESS	2015 SPRINGFIELD CENTER RD
CITY-ST-ZIP	AKRON, OH 44312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000367348
 05/23/05-80007-018 150.00

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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:  DATE **5-13-05** DAYTIME PHONE # **330-628-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #