

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005571

FILED  
May 02, 2006  
Secretary of State

Entity Name: TAYLOR TELECOMMUNICATIONS, INC.

**Current Principal Place of Business:**

3470 GILCHRIST RD  
MOGADORE, OH 44260

**New Principal Place of Business:**

**Current Mailing Address:**

3470 GILCHRIST RD  
MOGADORE, OH 44260

**New Mailing Address:**

FEI Number: 34-1308172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDON, SCOTT  
240 S. PINEAPPLE AVENUE  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TAYLOR, SUSAN K  
Address: 212 AKERS AVE  
City-St-Zip: AKRON, OH 44312

Title: DST ( ) Delete  
Name: TAYLOR, TAM  
Address: 2015 SPRINGFIELD CENTER RD  
City-St-Zip: AKRON, OH 44312

Title: V ( ) Delete  
Name: TAYLOR, SHERRY  
Address: 2015 SPRINGFIELD CENTER RD  
City-St-Zip: AKRON, OH 44312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN TAYLOR

DP

05/02/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date