


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F04000005571**

1. Entity Name  
 TAYLOR TELECOMMUNICATIONS, INC.



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

**DO NOT WRITE IN THIS SPACE**



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1308172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 Due by September 14, 2007**

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

**DO NOT WRITE IN THIS SPACE**

U00000765138  
 05/31/07-80022-025 158.75

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:  DATE: 5-14-07 DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR