

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90032 035 \*\*\*150.00

**DOCUMENT # P02000075982**

1. Entity Name  
KAYLOR LAW GROUP, P.A.



Principal Place of Business

3001 BARTOW RD.  
LAKELAND, FL 33803

Mailing Address

3001 BARTOW RD.  
LAKELAND, FL 33803

**50003816**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
90-0047319

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KAYLOR, DAVID S.  
4761 HIGHLANDS PLACE CIR  
LAKELAND, FL 33813

**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

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | DPS                      |
| NAME            | KAYLOR, DAVID S          |
| STREET ADDRESS  | 4761 HIGHLANDS PLACE CIR |
| CITY - ST - ZIP | LAKELAND, FL 33813       |
| TITLE           | V                        |
| NAME            | KAYLOR, MATTHEW E        |
| STREET ADDRESS  | 522 PLAMINGO DR          |
| CITY - ST - ZIP | LAKELAND, FL 33803       |
| 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**

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 #

*DAVID S. KAYLOR*

*1/14/05*

*863 668-7223*