2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000039392

1. Enlity Name

950

BARRY TAYLOR & ASSOCIATES INC.



FILED Apr 05, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

12555 BISCAYNE BL.

12555 BISCAYNE BL.

950

NORTH MIAMI, FL 33181 US

NORTH MIAMI, FL 33181

US



DO NOT WRITE IN THIS SPACE

04012006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0419373 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, BARRY 120 SW 29 TER FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33312			IN THIS SPACE			
	e named entity submits this statement for the patterns of registered agent.	surpose of changing its registered	d office or n	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retinstring) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, BARRY 12555 BISCAYNE BL #950 NORTH MIAMI, FL 33181	. u.			U00000491933 04/19/06-80043-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAULKNER, DOROTHY C 270 TURTLE CREEK CIRCLE OLDSMAR, FL 34677	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE				IN T	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 comporation 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF TRITED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06

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