


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State


DOCUMENT # P93000039392

1. Entity Name
BARRY TAYLOR & ASSOCIATES INC.



Principal Place of Business	Mailing Address
12555 BISCAYNE BL. 950 NORTH MIAMI, FL 33181 US	12555 BISCAYNE BL. 950 NORTH MIAMI, FL 33181 US

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0419373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution... **\$5.00** May Be Added to Fees

U00000629080
 02/16/07-80043-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, BARRY 12555 BISCAYNE BL #950 NORTH MIAMI, FL 33181
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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Barry Taylor **B. TAYLOR** **2/8/07** **9547927207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #