


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000016350
 1. Entity Name
BARRY TAYLOR HOLDING CORPORATION



Principal Place of Business 12555 BISCAYNE BL. 950 NORTH MIAMI, FL 33181 US	Mailing Address 12555 BISCAYNE BL. 950 NORTH MIAMI, FL 33181 US
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DO NOT WRITE IN THIS SPACE



03272005 No Chg-F CN2E034 (10/03)

4. FCI Number 65-0471680	Applied For <input type="checkbox"/> 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 28 TR
 FORT LAUDERDALE, FL 33312

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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 re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, BARRY 12555 BISCAYNE BL #950 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAULKNER, DOROTHY C 270 TURTLE CREEK CIRCLE OLDSMAR, FL 34677
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 03/30/05-80031-022 150.00

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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 807, 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 **3/28/05** **9547927207**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #