2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000016350

BARRY TAYLOR HOLDING CORPORATION

IIS



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

Principal Place of Business

Mailing Address

12555 BISCAYNE BL.

12555 BISCAYNE BL.

NORTH MIAMI, FL 33181

NORTH MIAMI, FL 33181



04012006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0471680

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

The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	If applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	

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

U000000491934 04/19/06-80043-010 150.00

FAULKNER, DOROTHY C NAME 270 TURTLE CREEK CIRCLE STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 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 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:

TITLE NAME STREET ADDRESS City-St-77P

TED NAME OF SIGNING OFFICER OR DIRECTOR