


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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


**DOCUMENT # P94000016350**

1. Entity Name  
**BARRY TAYLOR HOLDING CORPORATION**



Principal Place of Business <b>12555 BISCAYNE BL. #950          NORTH MIAMI, FL 33181 US</b>	Mailing Address <b>12555 BISCAYNE BL. #950          NORTH MIAMI, FL 33181 US</b>
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**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0471680</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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: \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>TAYLOR, BARRY</b>
NAME	<b>12555 BISCAYNE BL. #950</b>
STREET ADDRESS	<b>NORTH MIAMI, FL 33181</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>FAULKNER, DOROTHY C</b>
NAME	<b>270 TURTLE CREEK CIRCLE</b>
STREET ADDRESS	<b>OLDSMAR, FL 34677</b>
CITY-ST-ZIP	
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 Daytime Phone #