


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000068395
 1. Entity Name
 TAYLOR-RAE, INC.



Principal Place of Business
 528 CAPISTRANO RD
 NOKOMIS, FL 34275

Mailing Address
 P O BOX 1643
 NOKOMIS, FL 34274-1643

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0769432	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HOGARTH, RONALD
 200 CAPE ISLES BLVD., STE 2
 VENICE, FL 34292

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PT CAPASSO, DAVID 528 CAPISTRANO RD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CAPASSO, K. LISA 528 CAPISTRANO RD NOKOMIS, FL 34275
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 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 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: _____ Date: 3-25-05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR