


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000068395</b>	
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
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**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0769432	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HOGARTH, RONALD 200 CAPE ISLES BLVD., STE 2 VENICE, FL 34292
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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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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U00000709537  
04/25/07-80007-006 158.75

**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:**  DAVID CAPASSO 3-27-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #