## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 453264**

FILED Jul 05, 2006 Secretary of State

Entity Name: TROY TAYLOR INSURANCE AGENCY, INCORPORATED

Current F	Principal Place	e of Business:	New Principal Place	e of Business:
	DGEWOOD AV			
Current Mailing Address:		New Mailing Address:		
	DGEWOOD AV			
FEI Number	r: 59-1532140	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
TAYLOR, 4639 KER JACKSON		205 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the		ed office or registered agent, or both,  Date
in the Stat SIGNATU In accordar	e of Florida.  RE: Electror  nce with s. 607.19	nic Signature of Registered Ao	gent	
in the Stat SIGNATU In accordar Election Ca	e of Florida.  RE: Electror  nce with s. 607.19  mpaign Financin	nic Signature of Registered Ag 3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	gent not receive the prior notice.	Date
in the Stat SIGNATU In accordar Election Ca OFFICER Title: Name: Address:	e of Florida.  RE: Electron nce with s. 607.19 mpaign Financin S AND DIREC	nic Signature of Registered Ag 03(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ). CTORS: ) Delete L W,	gent not receive the prior notice.	
in the Stat SIGNATU In accordar Election Ca	Electron Electron Se with s. 607.19 mpaign Financin. S AND DIRECT D (TAYLOR, CARI 4639 KERLE S JACKSONVILL	nic Signature of Registered Ages (2)(b), F.S., the corporation did rig Trust Fund Contribution ( ).  ETORS:  ) Delete L W, ET, FL 00000,  ) Delete Y L, ET	gent not receive the prior notice.  ADDITIONS/CHANG  Title:  Name:  Address:	Date  BES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY TAYLOR PRES 07/05/2006