


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90019 018 \*\*\*550.00

<b>DOCUMENT # 458623</b> 1. Entity Name <b>JIM TAYLOR CORPORATION</b>					
Principal Place of Business <b>133 ATLANTIC DRIVE MAITLAND, FL 32751</b>			Mailing Address <b>PO BOX 941260 MAITLAND, FL 32794-1260</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1541577</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TAYLOR, JAMES D. 133 ATLANTIC DRIVE MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name <b>Taylor James D</b> Street Address (P.O. Box Number is Not Acceptable) <b>30 CYPRESS LANE</b> <b>Winter Park, FL 32789</b> City <b>FL</b> Zip Code	
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. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">N/A CHANGE OF ADDRESS ONLY</div>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>TAYLOR, JAMES</b> <b>133 ATLANTIC DRIVE</b> <b>MAITLAND, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>TAYLOR, TERESA</b> <b>133 ATLANTIC DRIVE</b> <b>MAITLAND, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BRYSON, DENNIS</b> <b>133 ATLANTIC DRIVE</b> <b>MAITLAND, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>TAYLOR, ALEX J</b> <b>133 ATLANTIC DRIVE</b> <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: James D. Taylor</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>7-12-05 407.341.0214</b> <small>Date Daytime Phone #</small>	

**50056969**



07112005 Chg-P CR2E034 (10/03)