ANNUAL REPORT (AR)

1. Entity Name	NT # 518615		2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)			
	DOCUMENT # 518615 1. Entity Name			Feb 23, 2004 8:00 ar Secretary of State 02-11-2004 90002 032 ***150.00		
TAYLOR MOR	TGAGE AND INVESTME	NT, INC.				
Principal Place of B	usiness	Mailing Address				
1111 KANE CON BAY HARBOR ISL		1111 KANE CONCOUR BAY HARBOR ISLANDS		A LONG TO BE A LONG TO THE STATE OF THE STAT		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)		
City & State		City & State		4, FEI Number 59-1704646 Applied For Not Applicabl		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required		
6.	Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
- TAŬI OE	MITCHELL		Name	<u> </u>		
TAYLOR, MITCHELL 11111 KANE CONCOURSE,619			Street Addres	s (P.O. Box Number is Not Acceptable)		
BAY HA	RBOR ISLANDS FL 3315	4				
·		•	City	FL Zip Code		
	ed entity submits this statement for of registered agent.	the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accep		
SIGNATURE						
AND DESCRIPTION OF THE PROPERTY OF THE	ure, typed or printed name of registered agont an	o tite if applicable. (NOTE:	: Registered Agent signature requ	red when reinstanng) DATE		
After May	NOW!!! FEE IS \$150.00 /1,2004 Fee will be \$550.00 able to Florida Department of	State		Election Campaign Financing Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND C	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	and the second	☐ Delete	TITLE	Change Addition		
1 ' 1	'LOR, MITCHELL 1 KANE CONCOURSE,619		NAME STREET ADDRESS			
CITY-ST-ZIP BAY	HARBOR ISLANDS FL		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE VST		☐ Delete	TITLE	. Change Addition		
	TING, ILENE B. 1 KANE CONCOURSE,619		NAME STREET ADORESS			
CITY-ST-ZIP BAY	HARBOR ISLANDS FL		CITY-ST-ZIP			
TITLE D		☐ Delete	TITLE	Change Addition		
	TING, ILENE B 1 KANE CONCOURSE, 619		NAME STREET ADDRESS	and the second s		
1 1	HARBOR ISLANDS FL		CITY-ST-ZIP	•		
TITLE D	0 00 0 10 0	☐ Delete	TITLE	☐ Change ☐ Addition		
I I						
	HARBOR FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS	,		
City-St-ZiP			CITY-ST-ZIP			
TITLE		☐ Celete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS	•		NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	the state of the s		
TITLE D NAME TAY STREET ADDRESS 1111 CITY-ST-ZIP BAY	'LOR, CARL 1 KANE CONCOURSE , 619		NAME STREET ADORESS CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section, 19.07(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

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR	Date	
changed, or on an attachment with an address, with all other like empowered. SIGNATURE Little Layor Mitchell Taylor	2-4-04	
changed, or on an attachmen with an address, with all other like empowered.		
or the corporation of the receiver of trustee empoweded to execute this report as required by Chapter 607, Inches Statutes.	and that my hame ap	Jueans

305-864-0502 Daytime Phone #