

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

DOCUMENT # 518615			
1. Entity Name TAYLOR MORTGAGE AND INVESTMENT, INC.			
Principal Place of Business 1111 KANE CONCOURSE, 619 BAY HARBOR ISLANDS FL 33154		Mailing Address 1111 KANE CONCOURSE, 619 BAY HARBOR ISLANDS FL 33154	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1704646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, MITCHELL 1111 KANE CONCOURSE, 619 BAY HARBOR ISLANDS FL 33154		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TAYLOR, MITCHELL			NAME			
STREET ADDRESS	1111 KANE CONCOURSE, 619			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS FL			CITY-ST-ZIP			
TITLE	VST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	EEFTING, ILENE B.			NAME			
STREET ADDRESS	1111 KANE CONCOURSE, 619			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	EEFTING, ILENE B			NAME			
STREET ADDRESS	1111 KANE CONCOURSE, 619			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TAYLOR, CARL			NAME			
STREET ADDRESS	1111 KANE CONCOURSE, 619			STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mitchell Taylor* MITCHELL TAYLOR 1-27-06 305-864-0502