

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1704646**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, MITCHELL	
STREET ADDRESS	1111 KANE CONCOURSE, 619	
CITY-STATE-ZIP	BAY HARBOR ISLANDS FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	EEFTING, ILENE B.	
STREET ADDRESS	1111 KANE CONCOURSE, 619	
CITY-STATE-ZIP	BAY HARBOR ISLANDS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EEFTING, ILENE B	
STREET ADDRESS	1111 KANE CONCOURSE, 619	
CITY-STATE-ZIP	BAY HARBOR ISLANDS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CARL	
STREET ADDRESS	1111 KANE CONCOURSE, 619	
CITY-STATE-ZIP	BAY HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

000000595737  
01/23/07 80951 903 150.00

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 1/19/07 305 864 0502  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #