

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 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

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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, 2008 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 ☐ Delete
NAME TAYLOR, MITCHELL
STREET ADDRESS 1111 KANE CONCOURSE, 619
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE VST ☐ Delete
NAME EEFING, ILENE B.
STREET ADDRESS 1111 KANE CONCOURSE, 619
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE D ☐ Delete
NAME EEFING, ILENE B
STREET ADDRESS 1111 KANE CONCOURSE, 619
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE D ☐ Delete
NAME TAYLOR, CARL
STREET ADDRESS 1111 KANE CONCOURSE, 619
CITY-ST-ZIP BAY HARBOR FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000822305
CITY-ST-ZIP 02/19/08-80062-018 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

2-8-08

Daytime Phone #

305 864-0502