

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90049 038 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 605719 1. Entity Name ROD TAYLOR, P.A.			
Principal Place of Business 12549 BUTLER BAY CT WINDERMERE, FL 34786 US		Mailing Address P.O. BOX 577 GOTHA, FL 34734-0577 US	
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
4. FEI Number 59-1868307		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, ROD 12549 BUTLER BAY CT WINDERMERE, FL 34786		7. Name and Address of New Registered Agent Name <u>Karen Taylor</u> Street Address (P.O. Box Number is Not Acceptable) <u>12549 BUTLER BAY CT</u> City <u>WINDERMERE</u> FL Zip Code <u>34786</u>	
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 _____ DATE _____ Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$160.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	PD TAYLOR, ROD 12549 BUTLER BAY CT WINDERMERE, FL 34786 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAREN TAYLOR 12549 BUTLER BAY CT WINDERMERE, FL 34786 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 <u>Karen Taylor</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3-1-07</u> <u>(407)</u> <u>876-8798</u> Digitize Photo 1	