


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 648585</b> 1. Entity Name TAYLOR-ASHLEY AGENCY, INC.	
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Principal Place of Business  
630 COLORADO AVE.  
STUART, FL 34994-3016 US

Mailing Address  
BOX 987  
STUART, FL 34994-3016 US

**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1959092	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PARADISE, JOSEPHINE A  
630 COLORADO AVENUE  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARADISE, JOSEPHINE A. 630 COLORADO AVE. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOUMES, MARJORIE A 630 COLORADO AVE. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, JUDITH A 630 COLORADO AVE. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000496710  
04/22/06-80025-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/5/06 772-287-240