

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90310 049 \*\*\*150.00

**DOCUMENT # 692993**

1. Entity Name  
TAYLOR, JONOVIC, WHITE & GENDRON, P.A.



Principal Place of Business

~~25 SE 2ND AVE~~ **155 So. Miami Ave.**  
~~SUITE 250~~ **PH II**  
MIAMI, FL 33130

Mailing Address

~~25 SE 2ND AVE~~ **155 So. Miami Ave.**  
~~SUITE 250~~ **PH II**  
MIAMI, FL 33130

**40071226**



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2101118

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, CRAIG  
~~25 SE 2ND AVE, STE 260~~ **155 So. Miami Ave.**  
MIAMI, FL 33130 **PH II**

**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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V  
NAME JONOVIC, THOMAS D **155 So. Miami Ave.**  
STREET ADDRESS **PH II**  
CITY-ST-ZIP MIAMI, FLORIDA 00000, 33130

TITLE P  
NAME TAYLOR, CRAIG W **155 So. Miami Ave.**  
STREET ADDRESS **PH II**  
CITY-ST-ZIP MIAMI, FLORIDA 00000, 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Thomas D. Jonovic Thomas D. Jonovic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

305-358-0395

Daytime Phone #