

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90053 007 \*\*\*150.00

40041004



02042005 Chg-P CR2E034 (10/03)

4. FEI Number  
52-1397047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CAROLAN, J.P. III  
390 N. ORANGE AVENUE, #1500  
ORLANDO, FL 32801

## 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, 2005 Fee will be \$550.00**

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	CP TAYLOR, JOHN F 48631 DEEP COVE LANE RIDGE, MD 20680	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, JOHN F JR 20871 CHESTNUT RIDGE LEONARDTOWN, MD 20650	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR, HELEN M 48631 DEEP COVE LANE RIDGE, MD 20680	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, MARK J 23112 ALDER LANE CALIFORNIA, MD 20619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, WAYNE 19621 MARK WAY GREAT MILLS, MD 20634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, CYNTHIA M 213 CAROLINE STREET PREDERICKSBURG, VA 22401	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Taylor, Jeffrey J. 41822 Foxwell Point Lane Leonardtown, MD 20650	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lowe, David M. 21629 Spyglass Way, Apt. #901B Lexington Park, MD 20653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sydnor, David W. 45475 Mount Olive Way Valley Lee, MD 20692	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Helen M. Taylor Helen M. Taylor Feb. 15, 2005 301-862-3939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Treasurer Daytime Phone #