


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005571 1. Entity Name TAYLOR TELECOMMUNICATIONS, INC.	
---	---

Principal Place of Business 3470 GILCHRIST RD MOGADORE, OH 44260	Mailing Address 3470 GILCHRIST RD MOGADORE, OH 44260
--	--

DO NOT WRITE IN THIS SPACE



05102005 No Chg-P CR2E034 (10/03)

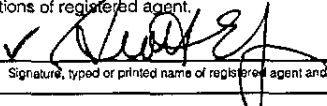
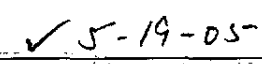
4. FEI Number 34-1308172	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent GORDON, SCOTT 240 S. PINEAPPLE AVENUE SARASOTA, FL 34236

**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   DATE 5-19-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, SUSAN K 212 AKERS AVE AKRON, OH 44312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR, TAM 2015 SPRINGFIELD CENTER RD AKRON, OH 44312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, SHERRY 2015 SPRINGFIELD CENTER RD AKRON, OH 44312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000367348
05/23/05-80007-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:   330-628-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #