


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90299 008 \*\*\*150.00

<b>DOCUMENT # H86687</b> 1. Entity Name <b>TAYLOR TRANSPORT, INC.</b>																																	
Principal Place of Business <b>199 LIEWELLYN AVENUE LAKE CITY, FL 32025</b>			Mailing Address <b>199 LIEWELLYN AVENUE LAKE CITY, FL 32025</b>																														
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>199 SE LIEWELLYN AVE.</b> Suite, Apt. #, etc.																															
City & State Zip		City & State <b>LAKE CITY FL</b> Zip <b>32025</b>		4. FEI Number <b>59-2704154</b>																													
Country*		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>TAYLOR, JACKIE D. 2150 E. BAYA AVE LAKE CITY, FL 32055</b>				7. Name and Address of New Registered Agent Name <b>JACKIE D. TAYLOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>199 SE LIEWELLYN AVE.</b> City <b>LAKE CITY</b> <b>FL</b> Zip Code <b>32025</b>																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>PD TAYLOR, JACKIE D. 2150 E. BAYA AVE LAKE CITY, FL</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TAYLOR, JACKIE D. 2150 E. BAYA AVE LAKE CITY, FL</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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.																																	
<b>SIGNATURE:</b> <u>JACKIE D. TAYLOR</u> <b>JACKIE D. TAYLOR</b> <b>4-11-06</b> <b>3867550842</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	