


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90051 042 \*\*\*150.00

<b>DOCUMENT # J49893</b>	
1. Entity Name W. FORREST TAYLOR, D.D.S., INC.	

Principal Place of Business C/O W. FORREST TAYLOR 229 E KING ST QUINCY, FL 32351 US	Mailing Address C/O W. FORREST TAYLOR 229 E. KING ST. QUINCY, FL 32351 US
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01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2751807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  TAYLOR, W. FORREST 229 E KING ST QUINCY, FL 32351	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TAYLOR, W. FORREST 229 E KING ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, W. FORREST 229 E KING ST QUINCY, FL 32351
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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.

SIGNATURE: *W Forrest Taylor, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06

Date Daytime Phone #