2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K63538

FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90068 015 ***150.00

1. Entity Nar VERNON	ne N.E. TAYLOR, P.A.)			
Principal Plac	ce of Business	Mailing Address		7	CICCOUP		
LUITZ CL 2	AURENT DRIVE 3549 — US	18938 ST LAURENT DI		-			
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	Place of Business	3. Mailing Address					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		04082005 Chg-P	CR2E034 (10/03)		
City & Sta	ite	City & State		4. FEI Number 59-2966522	Applied F Not Appli		
Zip	Country	Zip	Country	5. Certificate of Status Des	ired Sa.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of I	New Registered Agent		
TAVLOD	VEDNOME		- i-ilame			-	
TAYLOR, VERNON E. 18938 ST LAURENT DRIVE 1712 COLL		LLWATER LN	NATER LN Street Address		(P.O. Box Number is Not Acceptable)		
LUTZ, FL	33549						
			City		FL Zip Code	_	
	e named entity submits this statement for ations of registered agent.	or the purpose of changing its	s registered affice or regist	ered agent, or both, in the State	of Florida. I am familiar with, and ac	ccept	
	Signature, lyped or printed after of registered agent	and title if applicable (NOT	TE. Registered Agent signature requi	red when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campai Trust Fund Contr		aign Financing \$	5.00 May Be				
10.		.00 Trust Fund Con	ntribution. 🗀 Ād	dded to Fees			
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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.

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF CHING OFFICER OR DIRECTOR

Delete

Delete

4/13/05 918 Date Day

948-7677

□ Change

Change

☐ Addition

Addition