


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L35710**  
 1. Entity Name  
 TAYLOR RANCH, INC.



Principal Place of Business  
 401 COMMERCIAL COURT  
 SUITE A  
 VENICE, FL 34292

Mailing Address  
 401 COMMERCIAL COURT  
 SUITE A  
 VENICE, FL 34292



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2992247

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 TAYLOR, THOMAS H. SR  
 401 COMMERCIAL COURT  
 SUITE A  
 VENICE, FL 34292

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	VDS TAYLOR, NORMAN B 401 COMMERCIAL COURT SUITE A VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCS TAYLOR, THOMAS H., SR. 401 COMMERCIAL COURT SUITE A VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS TAYLOR, THOMAS H JR. 401 COMMERCIAL COURT SUITE A VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT TAYLOR, RUTH ELLEN 401 COMMERCIAL COURT SUITE A VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS TAYLOR, JAMES D 401 COMMERCIAL COURT SUITE A VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/29/04-80051-021 158.75

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 of the same, 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 to this address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 3/26/04 DAYTIME PHONE: 941-493-8549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR