


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90019 010 ****61.25

DOCUMENT # N00000006000					
1. Entity Name ELIZABETH A. TAYLOR PRODUCTIONS, INC.					
Principal Place of Business 623 NORTHSHORE CIRCLE CASSELBERRY, FL 32707			Mailing Address 623 NORTHSHORE CIRCLE CASSELBERRY, FL 32707		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 205 LK DESTINY TRL		Suite, Apt. #, etc. 205 LK DESTINY TRL			
City & State ALTAMONTE SPRINGS, FL		City & State ALTAMONTE SPRINGS, FL.			
Zip 32714		Country U.S.A		Zip 32714	
		Country U.S.A		4. FEI Number 59-3677518	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOVETT, W. THOMAS 200 E ROBINSON ST #500 ORLANDO, FL 32801			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ MARCH 24/07					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete			
NAME	TAYLOR, ELIZABETH A				
STREET ADDRESS	623 NORTHSHORE CIRCLE				
CITY-ST-ZIP	CASSELBERRY, FL 32707				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	TAYLOR, CHRISTOPHER				
STREET ADDRESS	215 LAKE DESTINY TRL				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32451				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	COLLINS, ROBERTA A				
STREET ADDRESS	101 HICKORY TREE ROAD				
CITY-ST-ZIP	LONGWOOD, FL				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

40044291



03272007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3677518** Applied For Not Applied

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

MARCH 24/07

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

ELIZABETH A. TAYLOR