


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

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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.

*(Handwritten signature)*