



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008166</b> 1. Entity Name <b>TAYLOR ELITE, INC.</b>	
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Principal Place of Business <b>210 FOREST CIRCLE PERRY, FL 32347</b>	Mailing Address <b>210 FOREST CIRCLE PERRY, FL 32347</b>
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**DO NOT WRITE IN THIS SPACE**

  
02072005 No Chg-NP CR2E037 (10/03)  
4. FEI Number  
**80-0028252**  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**WHIDDON, SHONA  
210 FOREST CIRCLE  
PERRY, FL 32347**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHIDDON, SHONA A 210 FOREST CIRCLE PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRANNAN, BRENDA 1884 PINE BLUFF RD. PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CORNELIUS, MANDY 308 GLENRIDGE RD. PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHATLEY, NICOLE 115 DODGE DR. PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000254976  
03/07/05-80096-010 61.25  
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IN THIS SPACE**

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 617, 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:** Shona A. Whiddon **2-10-05** **850-584-7382**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Shona A. Whiddon