

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90002 004 \*\*\*\*70.00

**DOCUMENT # N01000008166**

1. Entity Name  
**TAYLOR ELITE, INC.**



Principal Place of Business  
**210 FOREST CIRCLE  
PERRY, FL 32347**

Mailing Address  
**210 FOREST CIRCLE  
PERRY, FL 32347**



07132006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0028252**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**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

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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WHIDDON, SHONA A
STREET ADDRESS	210 FOREST CIRCLE
CITY-ST-ZIP	PERRY, FL 32347
TITLE	DT
NAME	BRANNAN, BRENDA
STREET ADDRESS	1864 PINE BLUFF RD.
CITY-ST-ZIP	PERRY, FL 32347
TITLE	DVP
NAME	CORNELIUS, MANDY
STREET ADDRESS	308 GLENRIDGE RD.
CITY-ST-ZIP	PERRY, FL 32348
TITLE	DS
NAME	WHATLEY, NICOLE
STREET ADDRESS	<del>446 DODGE DR</del> 119 Pine Tree Rd.
CITY-ST-ZIP	PERRY, FL 32348
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/06

Date

Daytime Phone #

850-584-8848