


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90008 007 \*\*\*150.00

DOCUMENT # P00000024261	
1. Entity Name DEBORAH L. TAYLOR, P.A.	

Principal Place of Business 6645 BROOKLYN BAY RD. KEYSRONE HEIGHTS, FL 32656	Mailing Address 6645 BROOKLYN BAY RD. KEYSRONE HEIGHTS, FL 32656
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2. Principal Place of Business 6645 Brooklyn Bay Rd	3. Mailing Address 6645 Brooklyn Bay Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Keystone Heights, FL	City & State Keystone Heights, FL
Zip 32656	Zip 32656
Country Clay	Country Clay



02112004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3631158	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, DEBORAH L 6645 BROOKLYN BAY RD. KEYSRONE HEIGHTS, FL 32656	
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, DEBORAH L 6645 BROOKLYN BAY RD. KEYSRONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: Deborah L. Taylor Deborah L. Taylor 2/11/04 352-473-7848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #