

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90018 012 \*\*\*150.00

DOCUMENT P0000032628  
 1. Entity Name  
 TAYLOR MADE PLASTICS & ASSOCIATES, INC.



Principal Place of Business: 5325 ASTON COURT, SARASOTA, FL 34233  
 Mailing Address: 16528 N. DALE MABRY HWY, TAMPA, FL 33618

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent  
 WALTER, SANDERS  
 16528 N. DALE MABRY HWY  
 TAMPA, FL 33618

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: Walter Sanders Walter Sanders 2/3/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARKIN, KEVIN M 5325 ASTON COURT SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Sec Larkin, Kevin 5325 Aston Court Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNETT, JOE 5325 ASTON COURT SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Larkin, Kevin 4510 Ripling Circle Sarasota, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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: Kevin Larkin Kevin Larkin 2/3/06 813-961-0094  
Signature and typed or printed name of signing officer or director Date Daytime Phone #