


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90177 036 ***150.00

DOCUMENT # P01000015714																																																																																																																																																					
1. Entity Name TAURUS LEASING, INC.																																																																																																																																																					
Principal Place of Business 8257 NEEDLES DR PALM BEACH GARDENS, FL 33418			Mailing Address PO BOX 14638 NORTH PALM BEACH, FL 33408																																																																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 65-1157760																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent CREBER, WAYNE 741 ANCHORAGE DRIVE NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name <u>Creber, Wayne</u> Street Address (P.O. Box Number is Not Acceptable) <u>8257 Needles Drive</u> City <u>Palm Beach Gardens</u> FL <u>33418</u>																																																																																																																																																		
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.																																																																																																																																																					
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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: <u>Wayne Creber</u> <u>4/17/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					

40034283



01242006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1157760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CREBER, WAYNE
741 ANCHORAGE DRIVE
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name Creber, Wayne

Street Address (P.O. Box Number is Not Acceptable)

8257 Needles Drive

City Palm Beach Gardens FL 33418

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

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10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS DYLE, KARL
CITY - ST - ZIP 181 FISHERMAN WAY
JUPITER, FL 33477 ☐ Delete

TITLE
NAME VSD
STREET ADDRESS CREBER, WAYNE
CITY - ST - ZIP 8257 NEEDLES DR
PALM BEACH GARDENS, FL 33418 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #