



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90087 018 ***150.00

DOCUMENT # P01000072492 1. Entity Name TAYLOR BUILT, INC.					
Principal Place of Business 12628 MISSION HILLS CIRCLE S JACKSONVILLE, FL 32225				Mailing Address POST OFFICE BOX 351137 JACKSONVILLE, FL 32235	
2. Principal Place of Business 7751 WATERMARK LANE		3. Mailing Address 7751 WATERMARK LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05042005 Chg-P CR2E034 (10/03)	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-3731203	
Zip 32256		Country PUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, TIMOTHY M 12628 MISSION HILLS CIR. S JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name TIMOTHY M. TAYLOR Street Address (P.O. Box Number is Not Acceptable) 7751 WATERMARK LANE City JACKSONVILLE FL Zip 32256			
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: TIMOTHY M. TAYLOR <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME TAYLOR, TIMOTHY M STREET ADDRESS 12628 MISSION HILLS CIRCLE, SOUTH CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME TAYLOR, CHRIS R STREET ADDRESS 12628 MISSION HILLS CIRCLE, SOUTH CITY-ST-ZIP JACKSONVILLE, FL 32225	<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	
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	
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	
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: TIMOTHY M. TAYLOR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/3/05		Daytime Phone: 904 591-9426