

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90003 011 ***150.00

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01102005 Chg-P CR2E034 (10/03)

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|---|--|---|---|--|--|
| DOCUMENT # P02000007680 1. Entity Name TAYLOR EQUINE, INC. | | | | | |
| Principal Place of Business 1455 COVERED BRIDGE DRIVE DELAND, FL 32724 | | | Mailing Address 1455 COVERED BRIDGE DRIVE DELAND, FL 32724 | | |
| 2. Principal Place of Business 8374 COZUMEL LANE <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 8374 COZUMEL LANE <small>Suite, Apt. #, etc.</small> | | | |
| City & State WELLINGTON, FL | | City & State WELLINGTON FL | | 4. FEI Number 80-0029593 | |
| Zip 33414 | | Country FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent QUINN, ALAN 1455 COVERED BRIDGE DRIVE DELAND, FL 32724 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8374 COZUMEL LANE City WELLINGTON FL Zip Code 33414 | | | |
| 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 <u></u> DATE <u>1/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST QUINN, ALAN <input type="checkbox"/> Delete 1455 COVERED BRIDGE DRIVE DELAND, FL 32724 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8374 COZUMEL LANE WELLINGTON FL 33414 | |
| 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 | |
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| 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: <u></u> ALAN H QUINN <u>1/10/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |