2007 FOR PROFIT CORPORATION ANNUAL REPORT

01-10-2007 90048 043 ***150.00
P02000007680

FILED
07 JAN 29 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007680

1. Entity Name
TAYLOR EQUINE, INC.

Principal Place of Business: 3830 NETHERLEE WAY WELLINGTON FL 33467
Mailing Address: 3830 NETHERLEE WAY WELLINGTON FL 33467

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3830 NETHERLEE WAY	3830 NETHERLEE WAY
City & State: WELLINGTON, FL	City & State: WELLINGTON FL
Zip: 33467 Country: Palm Beach	Zip: 33467 Country: Palm Beach

4. FEI Number: 80-0029593 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
QUINN, ALAN
3830 NETHERLEE WAY
WELLINGTON FL 33467

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is not acceptable): 3830 NETHERLEE WAY
City: WELLINGTON FL Zip Code: 33467

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] 1/10/07
Signature, typed or printed name of registered agent and title if applicable. DATE (Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 / 3830 NETHERLEE WAY / WELLINGTON FL 33467 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition / 3830 NETHERLEE WAY / WELLINGTON FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 07 ☐ Change ☐ 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: [signature] ALAN H QUINN 1/10/07
Signature of Officer or Director — Date — Daytime Phone #

JC 1/30