2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Barbara S. Saylar

SIGNATURE: __

1. Entity Nam	MENT # P020000179 B. TAYLOR, ARNP, P.A.	<u> </u>			Jan 29, 2004 08:00 AM Secretary of State				
Denounal Pina	ne of Business	Mailma Address : :			-				
N .		<u>-</u>	Mailing Address						
1562 LINKS ATLANTIC I	BEACH FL 32233	1562 LINKSIDE DR. ATLANTIC BEACH FL 32233							
2. Principal Place of Business		3. Mailing Address							
Suite. Apt #, etc.		Suite, Apr. #, etc				CR2E034			
City & State		City & State		4. FEI N	umber 41-2028980		No	plied For t Applicable	
Ζφ	Country	Zip	Country		5. Certif	icate of Status Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Current		Nama	7. Name	and Address of New R	egistered A	gent		
TAYLOR, BARBARA B				Name					
1562 LINKSIDE DR. ATLANTIC BEACH FL 32233				Street Address	(P.O. Box N	umber is Not Acceptable)		
				City			FL	Z⊛ Code	
The above named entity submits this statement for the purpose of changing its reg				ed office or registe	ered agent /	or hoth in the State of Flo		amiliar with	and accept
the obligat	ions of registered agent.		,	ou omes si regiote	oros agorii, i		nous Tame	arma yrm,	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required whon reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fin Trust Fund Contribution			O May Be to Fees
16. OFFICERS AND DIRECTORS					ADDITIO	ONS/CHANGES TO OFFE	CERS AND	DIRECTORS	TN 11
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NAME STREET ADDRESS	TAYLOR, BARBARA B 1562 LINKSIDE DR.		RAA CTD:	3		.000000022 01/30/04-800	561	450.00	
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of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report	i as requ	iture shall have the ired by Chapter 60	same legal)7, Florida S	ਜ ਤੁਸ਼ਮ, ਜਹਾਹਿਣ ਤੋਂ ਬਹਿਦਾ ਹੈ। effect as if made under o latules; and that my name	ath; that I a appears in	m an officer of Block, 10 or	or director Block 11 if

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