


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000073753	
1. Entity Name TAYLOR INVESTMENT GROUP, INC.	

Principal Place of Business 302 MELTON DRIVE FORT PIERCE FL 34982	Mailing Address 302 MELTON DRIVE FORT PIERCE FL 34982
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2. Principal Place of Business Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt #, etc. City & State Zip	Country	Country
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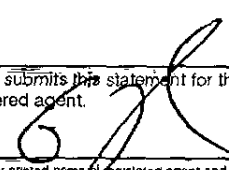


1st MOORE CR2E034 (10/04)

4. FEI Number 56-2290348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOYD, J. CURTIS ESQ. 302 SOUTH SECOND STREET FORT PIERCE FL 34950

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

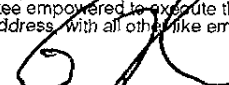
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 02-11-05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P TAYLOR, JAMES A 302 MELTON DRIVE FORT PIERCE FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP TAYLOR, STEVEN K 302 MELTON DRIVE FORT PIERCE FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP TAYLOR, CHAD G 302 MELTON DRIVE FORT PIERCE FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST TAYLOR, PATRICIA K 302 MELTON DRIVE FORT PIERCE FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000227963 02/14/05-80020-017 150.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(f), 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:  DATE 02-11-05	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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