

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000116118 1. Entity Name TAYLOR HOLDINGS OF SOUTH FLORIDA INC.	
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Principal Place of Business 615 RENAISSANCE WAY DELRAY BEACH, FL 33483	Mailing Address 615 RENAISSANCE WAY DELRAY BEACH, FL 33483
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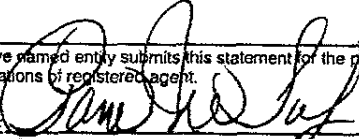
04122006 No Chg-P CR2E034 (11/05)

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4. FEI Number 03-1650971	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, PAMELA 615 RENAISSANCE WAY DELRAY BEACH, FL 33483
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IN THIS SPACE**

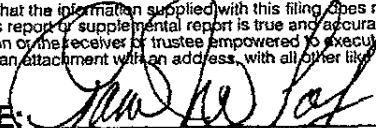
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 	PAMELA M TAYLOR	4/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, PAMELA M 615 RENAISSANCE WAY DELRAY BEACH, FL 33483
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04/29/06-80119-015 150.00~M

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	PAMELA M TAYLOR	4/13/06 561-414-4860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #