

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90148 019 \*\*\*150.00

<b>DOCUMENT # P03000011167</b> 1. Entity Name <b>TAYLORED SERVICES, INC.</b>																															
Principal Place of Business <b>10699 AVIATION BLVD MARATHON, FL 33050</b>		Mailing Address <b>P O BOX 500434 MARATHON, FL 33050</b>																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6023 AVENUE S</b> Suite, Apt. #, etc.																													
City & State Zip		City & State <b>GALVESTON TX</b> Zip <b>77552</b>																													
4. FEI Number <b>54-2108180</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>TAYLOR, KAREN J P O BOX 500434 MARATHON, FL 33050</b>		7. Name and Address of New Registered Agent Name <b>Karen J. Taylor</b> Street Address (P.O. Box Number is Not Acceptable) <b>951 51<sup>ST</sup> St Gulf</b> City <b>Marathon</b> FL Zip Code <b>33050</b>																													
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><i>Karen J. Taylor</i></u> DATE <u>05/01/06</u> <small>Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           PD TAYLOR, ROBERT D P O BOX 500434 MARATHON, FL 33050         </td> <td style="padding: 2px;"></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	PD TAYLOR, ROBERT D P O BOX 500434 MARATHON, FL 33050		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           6023 AVENUE S GALVESTON, TX 77551         </td> <td style="padding: 2px;"></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6023 AVENUE S GALVESTON, TX 77551																					
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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: <u><i>Karen J. Taylor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-1-06</u> Daytime Phone # <u>305-713-7580</u>																													

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