


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90169 005 ***158.75

DOCUMENT # P03000019410		
1. Entity Name TAYLOR FAMILY PROPERTIES, INC.		

20050001

Principal Place of Business 401 COMMERCIAL COURT SUITE A VENICE, FL 34292	Mailing Address 401 COMMERCIAL COURT SUITE A VENICE, FL 34292
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A 500 E. KENNEDY BOULEVARD SUITE 200 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: <u>THOMAS H. TAYLOR, JR</u> Street Address (P.O. Box Number is Not Acceptable): <u>401 COMMERCIAL CT.</u> <u>SUITE A</u> City: <u>VENICE</u> FL Zip Code: <u>34292</u>	
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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>Thomas H. Taylor Jr</u> <u>Thomas H. Taylor Jr President</u>	DATE: <u>4/29/05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, J. DAVID 401 COMMERCIAL CT, STE A VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TAYLOR, THOMAS H JR 401 COMMERCIAL CT, STE A VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>TAYLOR, THOMAS H. JR</u> <u>401 COMMERCIAL CT. STE A</u> <u>VENICE, FL 34292</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TAYLOR, N. BERRY SR 401 COMMERCIAL CT, STE A VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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: <u>Thomas H. Taylor Jr</u> <u>Thomas H. Taylor, Jr</u>	DATE: <u>4/29/05</u> DAYTIME PHONE: <u>941-493-8549</u>