2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000046064

1. Entity Name
TAYLOR MARKETING, INC.

Principal Place of Business	Mailing Address
99 ISLAND ESTATES PKWY PALM COAST, FL 32137	99 ISLAND ESTATES PKWY PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

01072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0432648	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D III
4 OLD KINGS RD N STE B
PALM COAST, FL 32137

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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 _____

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

||n00000205796
01/31/05-80055-023 150.00

10.	OFFICERS AND DIRECTORS				
TITLE	D				
NAME	WAHL, WILLIAM F				
STREET ADDRESS	99 ISLAND ESTATES PKWY				
CITY-ST-ZIP	PALM COAST, FL 32137				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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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: _____   1/27/05   386 445-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #