2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000051818

1. Entity Name
TAYLOR MADE CABINETRY, INC.

Principal Place of Business	Mailing Address
221 12TH ST SW	221 12TH ST SW
LARGO, FL 33770	LARGO, FL 33770

DO NOT WRITE IN THIS SPACE

03082006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
86-1059752		Not Applicable

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

DO NOT WRITE
IN THIS SPACE

6. Name and Address of Current Registered Agent

IANNOTTI, JOE
221 12TH ST SW
LARGO, FL 33770

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, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	IANNOTTI, JOE	
STREET ADDRESS	221 12TH ST. SW.	
CITY ST-ZIP	LARGO, FL 33770	
TITLE	CEO	
NAME	MEZZANO, CHARLIE	
STREET ADDRESS	221 12TH ST. SW.	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE
IN THIS SPACE

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: _____ Joe Iannotti 4-11-06 727-580-0683

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