

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056950

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** TAYLOR CONSULTING & MANAGEMENT, INC.

**Current Principal Place of Business:**

220 NE 12 AVE  
101  
HOMESTEAD, FL 33034

**New Principal Place of Business:**

327 NW 3RD STREET  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

220 NE 12 AVE  
101  
HOMESTEAD, FL 33034

**New Mailing Address:**

327 NW 3RD STREET  
FLORIDA CITY, FL 33034

**FEI Number:** 20-0971172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRICE, MATTHEW  
13963 SW 153 TERR  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: OWNE ( ) Delete  
Name: TAYLOR, STEVEN OWNER  
Address: 220 NE 12 AVE #101  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OWNE (X) Change ( ) Addition  
Name: TAYLOR, STEVEN OWNER  
Address: 327 NW 3RD STREET  
City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW PRICE

RA

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date