

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90306 002 ***150.00

DOCUMENT # P03000097486

1. Entity Name
LISA TAYLOR P.A.



Principal Place of Business
**5816 SADDLE TRAIL LANE
LAKE WORTH, FL 33467
1205 Bayview Way
Wellington FL 33414**

Mailing Address
**5816 SADDLE TRAIL LANE
LAKE WORTH, FL 33467
1205 Bayview Way
Wellington FL 33414**

50011999



2. Principal Place of Business
1205 Bayview Way
Suite, Apt. #, etc.

3. Mailing Address
1205 Bayview Way
Suite, Apt. #, etc.

02182006 Chg-P CR2E034 (11/05)

City & State
Wellington FL
Zip
33414

City & State
Wellington FL
Zip
33414

4. FEI Number
51-0481356
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, LISA
1205 BAYVIEW WAY
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TAYLOR, LISA
5816 SADDLE TRAIL LANE
LAKE WORTH, FL-33467
1205 Bayview Way
Wellington FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1205 Bayview Way
Wellington FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Lisa Taylor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.11.06

Date

561 350 0661

Daytime Phone #