2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097514

1. Entity Name

KEN TAYLOR ENTERPRISES, INC.



FILED
. Mar 21, 2005 08:00 AM
Secretary of State

CR2E034 (10/03)

Principal Place of Business

5512 SW 12TH PLACE CAPE CORAL, FL 33914

Mailing Address

3501 DEL PRADO BLVD. SUITE 312 CAPE CORAL, FL 33904



DO NOT WRITE IN THIS SPACE

02002000 110 0119 1	J	-00. (10,00)
4. FEI Number		Applied For
20-0207919		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

LARROW, PAUL L 3501 DEL PRADO BLVD. SUITE 312	-		
CAPE CORAL, FL 33904	_	=	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CAPE COI	TAL, FL 33904 _			***		
	named entity submits this statement for the plons of registered agent.	burpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title i	Papplicable (NOTE, Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campalgn Finance Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10.	ÖFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TAYLOR, KENNETH 5515 SW 12TH PLACE CAPE CORAL, FL 33914		— ·-		1/00000271874 U3/21/U5-80063-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					130.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Fig.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

3-16-05

(239)541-3191

Date

Daytime Phone #