

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

03-15-2004 90079 016 ***150.00
09-17-2004 90004 042 ***550.00

DOCUMENT # P03000121142

1. Entity Name
TAYLOR SHAE ENTERPRISES, INC.



Principal Place of Business
**155 BIRCHWOOD DR.
PALM COAST, FL 32137**

Mailing Address
**155 BIRCHWOOD DR.
PALM COAST, FL 32137**

24085509



2. Principal Place of Business
9 CIRCLE OAKS TR.
Suite, Apt. #, etc.

3. Mailing Address
9 CIRCLE OAKS TR.
Suite, Apt. #, etc.

08302004 Chg-P CR2E034 (10/03)

City & State
ORLANDO BEACH, FL
Zip
32174
Country
VOLUSIA

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4. FEI Number
41-2113127
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KOWALSKY-COLPOYS, KOREEN K
155 BIRCHWOOD DR.
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent
Name
Koreen Kowalsky - COLPOYS
Street Address (P.O. Box Number is Not Acceptable)
9 CIRCLE OAKS TRAIL
City
ORLANDO BEACH FL Zip Code
32174

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 **Koreen Kowalsky - Colpoys** DATE **9/13/04**
(NOTE: Registered Agent Signature Required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 | <input type="checkbox"/> Delete P KOWALSKY-COLPOYS, KOREEN K 155 BIRCHWOOD DR. 9 CIRCLE OAKS TR. PALM COAST, FL 32137 ORLANDO BEACH, FL 32174 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 **Koreen Kowalsky - Colpoys** **9/13/04**