

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 SEP 12 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08102005 Chg-P CR2E034 (10/03)

**DOCUMENT # P03000121142**

1. Entity Name  
TAYLOR SHAE ENTERPRISES, INC.



Principal Place of Business  
56 WELLSTREAM LANE  
PALM COAST, FL 32164

Mailing Address  
56 WELLSTREAM LANE  
PALM COAST, FL 32164

2. Principal Place of Business  
1682 W. Hibiscus  
Suite, Apt. #, etc.

3. Mailing Address  
1682 W. Hibiscus  
Suite, Apt. #, etc.

City & State  
Melbourne, FL

City & State  
Melbourne, FL

Zip  
32901

Country  
USA

Zip  
32901

Country  
USA

6. Name and Address of Current Registered Agent  
KOWALSKY-COLPOYS, KOREEN K  
56 WELLSTREAM LANE  
PALM COAST, FL 32164

7. Name and Address of New Registered Agent  
Name  
Hugh M. Evans, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
1682 West Hibiscus Blvd.  
City  
Melbourne FL Zip Code  
32901

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 DATE 8/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOWALSKY-COLPOYS, KOREEN K 56 WELLSTREAM LANE PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Arthur F. Evans, III 1682 W. Hibiscus Blvd. Melbourne, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000591646 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/31/05--01005--018 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T Hugh M. Evans, Jr. 1682 W. Hibiscus Blvd. Melbourne, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Timothy C. Jelus 1682 W. Hibiscus Blvd Melbourne, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS Elizabeth Kennedy 1682 W. Hibiscus Blvd Melbourne, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cecile Evans Rider 1670 Atlantic Blvd. Jacksonville, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/9/13 <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: DATE 8/16/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR