


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 038 ***150.00

DOCUMENT # P03000138615

1. Entity Name
LEE TAYLOR, INC.



Principal Place of Business Mailing Address
6713 ECTOR ROAD JACKSONVILLE FL 32211 (Relocated) **6713 ECTOR ROAD JACKSONVILLE FL 32211**
317 Hillcrest Dr. N. Carthage, TN. 37030-1615

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. *same*
 Suite, Apt. #, etc.

City & State City & State
Carthage, TN. Carthage, TN.
 Zip Country Zip Country
37030-1615 Smith 37030-1615 Smith

4. FEI Number **20-0431038** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional - Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
ACCOUNTING & BUSINESS SOLUTIONS, INC.
9951 ATLANTIC BLVD.
SUITE 418
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent
 Name *same*
 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]* DATE *4-15-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, LEE	
STREET ADDRESS	6713 ECTOR ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, BILL	
STREET ADDRESS	6713 ECTOR ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, Lee	
STREET ADDRESS	317 Hillcrest Dr. N.	
CITY-ST-ZIP	CARTHAGE, TN. 37030-1615	
TITLE	VIP	<input type="checkbox"/> Delete
NAME	TAYLOR, BILL	
STREET ADDRESS	317 Hillcrest Dr. N.	
CITY-ST-ZIP	CARTHAGE, TN. 37030-1615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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)(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: *[Signature]* **LEE TAYLOR** DATE: *4-15-05* DAYTIME PHONE #: *615-735-6955*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR