

**2006 FOR PROEIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000153851

**1. Entity Name
BILLY AND BETTY TAYLOR INC**



**Principal Place of Business
3603 EVE DRIVE WEST
JACKSONVILLE, FL 32246 US**

**Mailing Address
3603 EVE DRIVE WEST
JACKSONVILLE, FL 32246 US**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0489060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, BILLY
3603 EVE DRIVE WEST
JACKSONVILLE, FL 32246**

**DO NOT WRITE
IN THIS SPACE**

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 PRES
NAME TAYLOR, BILLY
STREET ADDRESS 3603 EVE DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32246**

**TITLE VP
NAME TAYLOR, BILLY
STREET ADDRESS 3603 EVE DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32246**

**TITLE DIR
NAME TAYLOR, BILLY
STREET ADDRESS 3603 EVE DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32246**

**TITLE SECY
NAME TAYLOR, BETTY
STREET ADDRESS 3603 EVE DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32246**

**TITLE DIR
NAME TAYLOR, BETTY
STREET ADDRESS 3603 EVE DRIVE WEST
CITY-ST-ZIP JACKSONVILLE, FL 32246**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1100000452760
03/13/06 80012-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-06

Date

Daytime Phone #

904-318
1322