## **2006 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Apr 27, 2006 08:00 AM Secretary of State DOCUMENT # P04000040442 TAYLOR MADE CONSTRUCTION, INC. Principal Place of Business Mailing Address 413 OAK PLACE 413 OAK PLACE 6-0 PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 CR2E034 (11/05) 04252008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2468828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, MICHAEL W DO NOT WRITE 1107 4TH ST PT ORANGE, FL 32129 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice 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 criminal name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS Ð TITLE NAME TAYLOR, MICHAEL W 1107 4TH ST STREET ADDRESS CITY-ST-ZIP PT ORANGE, FL 32129 U00000536307 05/08/86-80113-010 150.00 STILL! ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-Zip IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-70 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #