
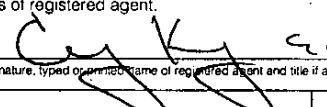
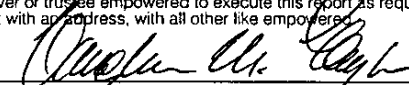


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90024 013 ***150.00

DOCUMENT # P04000082063 1. Entity Name TAYLOR INTERNATIONAL, INC.			
Principal Place of Business 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US		Mailing Address 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US	
2. Principal Place of Business 720 NE 25th Ave Suite, Apt. #, etc. #33		3. Mailing Address 720 NE 25th Ave Suite, Apt. #, etc. #33	
City & State Cape Coral FL		City & State Cape Coral FL	
Zip 33909		Zip 33909	
Country USA		Country USA	
4. FEI Number 54-2161478		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TAYLOR, VAUGHAN 3316 SURFSIDE BLVD. CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name CRAIG KING, EA Street Address (P.O. Box Number is Not Acceptable) 10630 McGregor Blvd. City Fort Myers FL Zip Code 33919	
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 6-30-05	
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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, VAUGHAN M 41 ARMITAGE ROAD RUGELEY, STAFFORDSHIRE, UK WS15 1DG	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, TRACEY-ANN 41 ARMITAGE ROAD RUGELEY, STAFFORDSHIRE, UK WS15 1DG	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			

20064321



06302005 Chg-P CR2E034 (10/03)