


**2006 FOR PROFIT-CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-17-2006 90017 009 ***150.00

DOCUMENT # P04000158859 1. Entity Name TAYLOR MADE CHOPPERS, INC.	
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Principal Place of Business 66 WEST PONKAN ROAD APOPKA, FL 32704 US	Mailing Address 66 WEST PONKAN RD APOPKA, FL 32704 US
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DO NOT WRITE IN THIS SPACE



03112006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1908467	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, SEAN 66 WEST PONKAN ROAD APOPKA, FL 32704
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST TAYLOR, SEAN R 66 WEST PONKAN ROAD APOPKA, FL 32704
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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: Span Taylor 6/19/06 407-880-9260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

May 11, 2006

ATTACHMENT

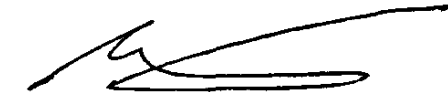
66020400

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Florida Department of State
To Whom It May Concern:

Please excuse the late fee to file the profit annual report. I, Sean Taylor, lost my father on April 13, 2006. My father was living in Connecticut. I went there to be with my mother and my family and to help with funeral arrangements. Since I was out of town due to my recent loss, I would like to ask that you waive the \$400.00 late fee for my payment. I can provide a copy of his death certificate if necessary. I will be sending my payment of \$150.00 certified and I do apologize that it is late.

Sincerely,



Sean Taylor