


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000128562 1. Entity Name TAYER INC	
--	---

Principal Place of Business 17861 SE US HIGHWAY 441 SUMMERFILED, FL 34491	Mailing Address 215 GENTLE BREEZE DR MINNEOLA, FL 34715
---	---

DO NOT WRITE IN THIS SPACE



07172007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3483852	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

TAYER, EYTAN
215 GENTELE BREEZE DR.
MINNEOLA, FL 34715-PE

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 _____ (NOTE: Registered Agent signature required when reinstating)

1000000771345
08/03/07-90003-006 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	P TAYER, EYTAN 215 GENTLE BREEZE DR MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  728-07 4074364687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #