

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000164073

1. Entity Name
TAYLOR'S CREATIONS, INC.



Principal Place of Business
**10707 CRESCENDO LOOP
CLERMONT, FL 34711 US**

Mailing Address
**10707 CRESCENDO LOOP
CLERMONT, FL 34711 US**



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4626825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOVONI MANAGEMENT SERVICES, INC.
117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000943150
05/29/08-80047-026 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, RONALD 1707 CRESCENDO LOOP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MICHELLE 10707 CRESCENDO LOOP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TAYLOR, RONALD 10707 CRESCENDO LOOP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TAYLOR, MICHELLE J 10707 CRESCENDO LOOP CLERMONT, FL 34711
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: **MICHELLE TAYLOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 863-899-0950
Date Daytime Phone