
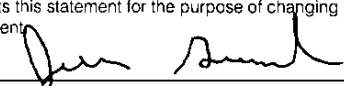
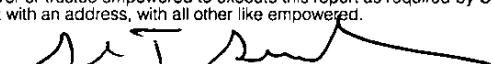


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 020 ***150.00

| | | | | | | |
|---|--|---|---|--|--------------------------------|--|
| DOCUMENT # P06000043773 | | | |  | | |
| 1. Entity Name TAYLOR FORENSICS, INC. | | | | | | |
| Principal Place of Business 3780 TAMPA RD OLSMAR, FL 34677 | | | Mailing Address 3780 TAMPA RD OLSMAR, FL 34677 | | | |
| 2. Principal Place of Business - No P.O. Box # 3780 TAMPA RD. | | 3. Mailing Address 3780 TAMPA RD. | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State OLSMAR, FL | | City & State OLSMAR, FL | | 4. FEI Number APPLIED FOR | | |
| Zip 34677 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent GRENOUGH, GERALD 3780 TAMPA RD OLSMAR, FL 34677 | | | 7. Name and Address of New Registered Agent Name: GRENOUGH, JERRY Street Address (P.O. Box Number is Not Acceptable): 3780 TAMPA RD. OLSMAR, FL 34677 City: FL Zip Code: | | | |
| 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: 4/2/07 | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE P | NAME GRENOUGH, GERALD | | <input type="checkbox"/> Delete | TITLE | NAME GRENOUGH, JERRY | |
| STREET ADDRESS 3780 TAMPA RD | CITY-ST-ZIP OLSMAR, FL 34677 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE V | NAME GRENOUGH, NANCY | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS 3780 TAMPA RD | CITY-ST-ZIP OLSMAR, FL 34677 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CITY-ST-ZIP | |
| 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:  | | | | DATE: 4/2/07 727-403-9359 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | |