


FILED  
Apr 26, 2007 8:00 am  
Secretary of State

04-09-2007 90041 042 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P06000149985</b>			
1. Entity Name TAYLOR-MAVERICK, INC.			
Principal Place of Business 400 COREY AVE., 2ND FLOOR ST. PETE BEACH, FL 33706		Mailing Address 400 COREY AVE., 2ND FLOOR ST. PETE BEACH, FL 33706	
2. Principal Place of Business - No P.O. Box # 5000 Gulf Blvd.		3. Mailing Address	
Suite, Apt. #, etc. #802		Suite, Apt. #, etc.	
City & State St. Pete Beach, FL		City & State	
Zip 33706	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P. ESQ 400 COREY AVE., 2ND FLOOR ST. PETE BEACH, FL 33706		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	DPST ABULONE, PATRICK M. 5000 GULF BLVD., #802 ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3.29.07 127.360.33/4	