

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90031 045 \*\*\*150.00

<b>DOCUMENT # P06000149985</b> 1. Entity Name <b>TAYLOR-MAVERICK, INC.</b>					
Principal Place of Business <b>5000 N GULF BLVD 802 ST. PETE BEACH, FL 33706</b>			Mailing Address <b>400 COREY AVE., 2ND FLOOR ST. PETE BEACH, FL 33706</b>		
2. Principal Place of Business - No P.O. Box # <b>5000 Gulf Blvd.</b>		3. Mailing Address <b>5000 Gulf Blvd.</b>			
Suite, Apt. #, etc. <b>802</b>		Suite, Apt. #, etc. <b>802</b>			
City & State <b>St. Pete Beach, FL</b>		City & State <b>St. Pete Beach, FL</b>		4. FEI Number <b>20-5972786</b>	
Zip <b>33706</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCNAMARA, TERRANCE P. ESQ 400 COREY AVE., 2ND FLOOR ST. PETE BEACH, FL 33706</b>		7. Name and Address of New Registered Agent Name <b>Patrick M. Abulone</b> Street Address (P.O. Box Number is Not Acceptable) <b>5000 Gulf Blvd. 802</b> City <b>St. Pete Beach</b> <b>FL</b> Zip Code <b>33706</b>			
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 <b>Res. Patrick M. Abulone</b> <b>1-8-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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			
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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: <b>Patrick M. Abulone Res.</b> <b>1-8-08</b> <b>727-363-4440</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40001030



01072008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNAMARA, TERRANCE P. ESQ  
400 COREY AVE., 2ND FLOOR  
ST. PETE BEACH, FL 33706

Name **Patrick M. Abulone**

Street Address (P.O. Box Number is Not Acceptable)

**5000 Gulf Blvd. 802**

City **St. Pete Beach** **FL** Zip Code **33706**

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