


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90046 002 \*\*\*168.75

<b>DOCUMENT # P07000000960</b> 1. Entity Name <b>BRA TAYLOR, INC.</b>					
Principal Place of Business <b>12519 IVORY STONE LOOP FT. MYERS, FL 33913</b>			Mailing Address <b>12519 IVORY STONE LOOP FT. MYERS, FL 33913</b>		
2. Principal Place of Business - No P.O. Box # <b>4391 COLONIAL BLVD</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>UNIT 102</b>		Suite, Apt. #, etc.			
City & State <b>FT MYERS FL</b>		City & State			
Zip <b>33966</b>	Country <b>U.S.A.</b>	Zip	Country	4. FEI Number <b>01-0880323</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LAYCOCK, SARAH 12519 IVORY STONE LOOP FT. MYERS, FL 33913</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LAYCOCK, SARAH 12519 IVORY STONE LOOP FT. MYERS, FL 33913</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MAURGEN TAYLOR 12519 IVORY STONE LOOP FT MYERS FL 33913</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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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.					
<b>SIGNATURE: <u>S. Laycock</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>7/22/07 239-275-3838</b> Date Daytime Phone #		