
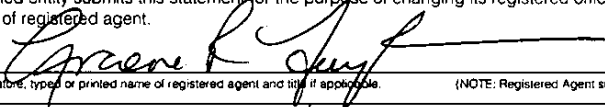
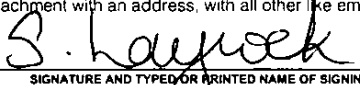


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90025 022 ***158.75

DOCUMENT # P07000000960 1. Entity Name BRA TAYLOR, INC.					
Principal Place of Business 4391 COLONIAL BLVD. UNIT 102 FT MYERS, FL 33966			Mailing Address 12519 IVORY STONE LOOP FT. MYERS, FL 33913		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02162008 Chg-P CR2E034 (12/06)	
4. FEI Number 01-0880323				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAYCOCK, SARAH 12519 IVORY STONE LOOP FT. MYERS, FL 33913			Name GRAEME R TAYLOR Street Address (P.O. Box Number is Not Acceptable) 12519 IVORY STONE LOOP City FT MYERS FL Zip Code 33913		
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 2/17/08		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAYCOCK, SARAH 12519 IVORY STONE LOOP FT. MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TAYLOR, MAUREEN 12519 IVORY STONE LOOP FORT MYERS, FL 33913	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARAH LAYCOCK 2757 BLUE CYPRESS LAKE CT CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARAH LAYCOCK 2757 BLUE CYPRESS LAKE CT CAPE CORAL FL 33909	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARAH LAYCOCK 2757 BLUE CYPRESS LAKE CT CAPE CORAL FL 33909	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARAH LAYCOCK 2757 BLUE CYPRESS LAKE CT CAPE CORAL FL 33909	<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: 			Date 2/16/08 Daytime Phone # 239-275-3838		