

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000022716

1. Entity Name
DONNA L. TAYLOR, INC.



Principal Place of Business
**9975 SW 196 ST
MIAMI, FL 33157 US**

Mailing Address
**9975 S.W. 196TH ST.
MIAMI, FL 33157**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0399297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, DONNA L
9975 SW 196TH ST
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

U00000503591
04/26/06-80039-004 150.0

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
TAYLOR, DONNA L
9975 S.W. 196 ST
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna L. Taylor, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 305-255-681

Date

Daytime Phone #