2006 FOR PROFIT CORPORATION · · ANNUAL REPORT DOCUMENT # P93000034573 THE TAYLOR AND TAYLOR PARTNERSHIP, INC.

FILED Feb 06, 2006 08:00 AM Secretary of State

Principal Place of Business
1211 ALTON RD

MIAMI BEACH, FL 33139

Mailing Address 1211 ALTON RD MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

01172006	No Chg-P	CR2E034 (11/05)		
4. FEI Number		Applied For		

65-0403395

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

TAYLOR, WILLIAM C 1211 ALTON RD

DO NOT WRITE

MIAMI BE	ACH, FE 33139	·		IN .	THIS SPACE
8. The above the obligat	named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	d affice or n	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or punted name of registered agent and title ti	applicable. (NOTE Registered	Agent şignatura	required when remarkatings	DATE
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finant Trust Fund Contribution. 	oing 🗆	\$5.00 May Be Added to Fees	
10. SITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PTD TAYLOR, WILLIAM C 1211 ALTON RD MIAMI BEACH, FL 33139	TORS			U00000421119 02/16/06-90022-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TAYLOR, PHYLLIS I 1211 ALTON RD MIAMI BEACH, FL 33139		E.		05% 10% 00 00000 -000 130°00 "
title name street address city-st-zip				DO	NOT WRITE
title Name Street address City-St-Zip				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-21P					
TITLE NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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.

CITY-ST-ZIP

305-574-4863