


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000057647</b> 1. Entity Name <b>TAY STEP, INC.</b>	
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Principal Place of Business <b>1471 TIMBERLANE ROAD SUITE 129 TALLAHASSEE, FL 32312</b>	Mailing Address <b>1471 TIMBERLANE ROAD SUITE 129 TALLAHASSEE, FL 32312</b>
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02082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3198454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>TAYLOR, CHRISTINE 1471 TIMBERLANE ROAD SUITE 129 TALLAHASSEE, FL 32312</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

U000000827896  
02/22/08-80008-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEPHENSON, PATRICIA L 1101 GULF BREEZE PKWY BOX 11 GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR, CHRISTINE 1471 TIMBERLINE ROAD, SUITE 129 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KEIRNAN, DEBORAH 1471 TIMBERLINE ROAD, SUITE 129 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **2-11-08** ☒  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #