


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90076 002 \*\*\*150.00

**DOCUMENT # P94000006253**

1. Entity Name  
 TAYLOR STEELE & ASSOCIATES INC.



Principal Place of Business 9 LOAM <del>DOVE CANYON, CA 92679</del> COTO DE CAZA, CA 92679	Mailing Address 9 LOAM <del>DOVE CANYON, CA 92679</del> COTO DE CAZA, CA 92679
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**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0463760	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, GLENN  
 3850 HOLLYWOOD BLVD, SUITE 204  
 HOLLYWOOD, FL 33021

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GLENN 9 LOAM <del>DOVE CANYON, CA 92679</del> COTO DE CAZA, CA 92679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARLENE 9 LOAM <del>DOVE CANYON, CA 92679</del> COTO DE CAZA, CA 92679
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Glenn Jay Date: 4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #