

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000077993**

1. Entity Name  
**TAURUS CONSTRUCTION SERVICE, INC.**



Principal Place of Business

**16115 63 RD N.  
LOXAHATCHEE, FL 33470**

Mailing Address

**PO BOX 348  
LOXAHATCHEE, FL 33470**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0576756**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SHAW, SANDRA  
14611 SOUTHERN BLVD  
#348  
LOXAHATCHEE, FL 33470**

**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, 2007 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  
**PS  
SHAW, PAUL  
16115 63RD N  
LOXAHATCHEE, FL 33470**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPT  
SHAW, CAROLYN  
524 BYON STREET  
HUNT., IN 46750**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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04/26/07-80004-009 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-11-07**

**261-791-8291**