


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000094243**  
 1. Entity Name  
**KAYLOR AND KAYLOR, P.A.**



Principal Place of Business      Mailing Address  
**525 AVENUE G, N.W.**      **P O BOX 73**  
**WINTER HAVEN, FL 33881 US**      **WINTER HAVEN, FL 33882-0073 US**

**DO NOT WRITE IN THIS SPACE**



02062008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3287989</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KAYLOR, L. MARK**  
**525 AVENUE G, N.W.**  
**WINTER HAVEN, FL 33880**

**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 \_\_\_\_\_ DATE 02/28/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

02/28/08-90028-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYLOR, L. MARK 525 AVENUE G, N.W. WINTER HAVEN, FL 33880
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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, trustee or 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 another like empowered.

SIGNATURE:       2/18/08      (863)299-1241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #