2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # P95000070743 1. Entity Name R & M TAYLOR, INC.				04-13-2005 90056 041 ***158.75	
Principal Place of Business Maiting Address 2180 S.W. 24TH ST. 2180 S.W. 24TH ST. MIAMI, FL 33145 US MIAMI, FL 33145 US		S			
			. 2011: 102: 02:11 10:11 10:07 11:10:11 11:10:11		
1		3. Mailing Address 100 Lindsley	Court	1 101/10/10/10/10/10/10/10/10/10/10/10/10/	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	,	04012005 Chg-P	CR2E034(10/03)
City & Stat	sonville. NC	City & State Hendersonvi 1	e NC	4. FEI Number 65-0608040	Applied For Not Applicable
28792	Country	Zip 28792	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current	, , ,		7. Name and Address of New Ro	
BAKER, RON					
2655 LEJUNE RD SUITE 201 CORAL GABLES, FL 33134 Street Address				ess (P.O. Box Number is Not Acceptable)
					·
			City		FL Zip Code
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 NOWILI FEE IS \$150:00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, ROBERT M 2180 SW 24TH STREET MIAMI, FL 33145	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) Caylor, Robert M. 00 Lindsley Court Hendersonville, NC 28	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, MARY L 2180 SW 24TH STREET MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) Caylor, Mary L .00 Lindsley Court Wendersonville, NC 28	X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
12. I hereby certily 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 chapter 607, an attachment with an address, with all other like empowered.					