## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State DOCUMENT # P96000039240 05-01-2006 90429 028 \*\*\*150.00 1. Entity Name D. TAYLOR CONTRACTING, INC. Principal Place of Business Mailing Address 50018292 4077 UNIVERSITY BLVD N 4077 UNIVERSITY BLVD N JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3376533 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, DEBORA A Street Address (P.O. Box Number is Not Acceptable) 4077 UNIVERSITY BLVD N JACKSONVILLE, FL 32277 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME TAYLOR, DEBORA A NAME 4077 UNIVERSITY BLVD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Debora A. Taylor, President

FILED

ALLACHMENT

JOHN R. PRIDGEN, C.PA. CHARLES E. BONE, C.PA. CHARLES F. WINNEY, C.PA. RETIRED CHARLES N. WOLFE, C.PA. JAMES AND HARRIS CERTIFIED PUBLIC ACCOUNTANTS
857 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FLORIDA 32205
(904) 389-2725 FAX (904) 389-3474

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

D. Taylor Contracting, Inc. 4077 University Blvd North Jacksonville, FL 32277

Date January 24, 2006

Enclosed are forms which should be <u>signed</u>, <u>dated</u> and <u>mailed</u> before the date shown below. Remittance should accompany the returns only where indicated.

rorm Number	Mail To:	<u>Date</u>	Remit
Uniform Business Report (UBR)	Division of Corporations Uniform Business Report Filings	05-01-2006	\$ 150.00
	P 0 Box 1500 Tallahassee, FL 32302-1500		
(MAK	KE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF S	TATE)	
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	Special instructions, only the items	marked <u>X</u>	apply to you.
	Joint return, must be signed by both	husband and	wife.
<del>-</del>	Affix corporate seal.		
	Credit for overpayment, in the amount applied against estimated tax for cur		, has been
_	Refund has been requested for overpay \$	ment in the	amount of
<u>x</u>	Copy is enclosed for your files.		
	Other:		
		By Charlin	