2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000068395

1. Entity Name
TAYLOR-RAE, INC.

Principal Place of Business
528 CAPISTRANO RD
NOKOMIS, FL 34275

Mailing Address
P O BOX 1643
NOKOMIS, FL 34274-1643

DO NOT WRITE IN THIS SPACE

01212006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0769432

Applied For
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGARTH, RONALD
200 CAPE ISLES BLVD., STE 2
VENICE, FL 34292

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, 2006 Fee will be $550.00

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

U00000501144
04/25/06-80051-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CAPASSO, DAVID
STREET ADDRESS	528 CAPISTRANO RD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	VS
NAME	CAPASSO, K. LISA
STREET ADDRESS	528 CAPISTRANO RD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2-21-06 941 4249133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #