2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000069548



FILED Jan 18, 2007 8:00 am Secretary of State

1. Entity Nam TAYLOR,	WAINIO & NEVILLE, P.A.						01-18-2007	90100 036	***150.0	0	
	DE DR. SUITE 201		320 HIGH TIDE DR. SUITE 201								
ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080							O IRIII ANNIE ROEI GOIII	BRIJE BRIJE ENJER ID	VIEL BINIK EKREN IEL	(FA) (1 (TA)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	ddress								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01082007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State				4. FEI Numb		******	1-1-	plied For t Applicable	
Zip	Country Zip		Count	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
TAYLOR, DAIL A					Name DAIL A TAYLOR						
120 SR 312 W. STE 1 ST AUGUSTINE, FL 32086					Street Address (P.O. Box Number is Not Acceptable) 320 H16H TIBE DR., 541T & 201						
				City 7	- A(u6ust.	NE	FL	2ip Code 326	80	
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 accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida. I am familiar with, and accepted agent, or both, in the State of Florida.									and accept		
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. Add	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO C	FFICERS AND	DIRECTORS	3 IN 11	
TITLE	D	☐ Delete	TITLE						Change	Addition	
NAME	TAYLOR, DAIL A		NAME								
STREET ADDRESS CITY-ST-ZIP	316 REDWING LNAE ST AUGUSTINE, FL 32084			et address •St-Zip							
TITLE	D	☐ Delete	TITLE				···· ,		Change	Addition	
NAME	WAINIO, FREDRICK J JR	_	NAME			ررحي	44	٠. ٨٠			
STREET ADDRESS CITY-ST-ZIP	3056 CYPRESS CREEK DRIVE PONTE VEDRA BEACH, FL 320			ET ADDRESS ST-ZIP	POA	ス F/3 JT色 Vも	H HOOK BRA 1	CL 38	1082		
TITLE		☐ Delete	TITLE		··-				Change	Addition	
name Street address			NAME	ET ADDRESS							
CITY-ST-ZIP				ST-ZIP						I	
TITLE		☐ Defete	TITLE						Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS							
CITY-ST-ZIP				ST-ZIP							
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP							
TITLE		Delete	TITLE						Change	Addition	
NAME			NAME						-		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS							
	pertify that the information supplied with	this filing does not qualify to		ST-ZIP	ontained	Lin Chanter 11	Q. Florido Statuto	e I further east	tifu that the :-	formation	
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.											