### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P97000075177

1. Entity Name

ZACHARY TAYLOR HOLDINGS INC.



Principal Place of Business

3631 WIMBELDON DRIVE LAKE MARY, FL 32746 Mailing Address

3631 WIMBELDON DRIVE LAKE MARY, FL 32746

### FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90257 047 \*\*\*158.75

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#### DO NOT WRITE IN THIS SPACE

01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3496188

Applied For Not Applicable

5. Certificate of Status Desired

**\** 

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATHAN, ROY R 3631 WIMBELDON DRIVE LAKE MARY, FL 32746

## 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					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP LATHAN, ROY R 3631 WIMBELDON DRIVE LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LATHAN, LOUISE 3631 WIMBELDON DRIVE' LAKE MARY, FL 32746				

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STREET ADDRESS
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 supplied nental 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 employered 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:

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

CITY-ST-ZIP

SIGNATURE AND TAKED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Devime Phone #