

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000027500

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** TAYLOR SUPPORT SERVICES, INC.

**Current Principal Place of Business:**

2000 69 AVE S  
ST PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 21428  
ST PETERSBURG, FL 33742

**New Mailing Address:**

**FEI Number:** 59-3502601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** TAYLOR, MARIA E  
**Address:** 2000 69 AVE S  
**City-St-Zip:** ST PETERSBURG, FL 33712

**Title:** VTD  
**Name:** TAYLOR, MICHAEL C  
**Address:** 2000 69 AVE SOUTH  
**City-St-Zip:** ST PETERSBURG, FL 33712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL TAYLOR

VP

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date