2007 FOR PROFIT CORPORATION ANNUAL REPORT .

DOCUMENT # P98000046122

1. Entity Name
TAYLOR MADE CABINETS, INC.



FILED Apr 27, 2007 08:00 A Secretary of State

Principal Place of Business

3145 TEAL TERRACE SAFETY HARBOR, FL 34695 Mailing Address

3145 TEAL TERRACE SAFETY HARBOR, FL 34695



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired 58.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, BRIAN G 3145 TEAL TERRACE SAFETY HARBOR, FL 34695

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	med entity submits this statement for the p s of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	nature, typed or printed name of registered agent and title if	applicable. (NOTE: Regi	islered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	
STREET ADDRESS 3	OFFICERS AND DIRECT D AYLOR, BRIAN G 145 TEAL TERRACE AFETY HARBOR, FL 34695	TORS			V00000736307
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/10/07-80070-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-•	** ** ··· ·	. . .	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07

<u> 127-723-7618</u>