


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P99000024523 <small>1. Entity Name</small> MATTHEW T. TAYLOR, INC. |  |
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| <small>Principal Place of Business</small> 826 ALEXANDER AVENUE DELTONA, FL 32725 | <small>Mailing Address</small> 826 ALEXANDER AVENUE DELTONA, FL 32725 |
|---|---|



02232006 No Chg-P CR2E034 (11/05)

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| <small>4. FEI Number</small> 59-3560407 | <small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small> |
| <small>5. Certificate of Status Desired</small> <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| <small>6. Name and Address of Current Registered Agent</small> TAYLOR, MATTHEW T 826 ALEXANDER AVENUE DELTONA, FL 32725 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

| <small>10. OFFICERS AND DIRECTORS</small> | |
|--|---|
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | D TAYLOR, MATTHEW T 826 ALEXANDER AVENUE DELTONA, FL 32725 |
| <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small> | |
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04/15/06-80066-011 150.00

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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 an other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 386804 4276
Date Daytime Phone #