


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90054 045 \*\*\*150.00

<b>DOCUMENT # S35428</b> 1. Entity Name SERVICES-TAYLOR MADE, INC.			
Principal Place of Business 1705 COLONIAL BLVD. STE. B-4 FT. MYERS, FL 33907 US		Mailing Address P.O. BOX 6097 FT. MYERS, FL 33911-6097 US	
2. Principal Place of Business - No P.O. Box # 8359 Beacon Blvd Suite, Apt. #, etc. 513		3. Mailing Address 8359 Beacon Blvd Suite, Apt. #, etc. 513	
City & State Fort Myers FLA		City & State Fort Myers FLA	
Zip 33907		Country US	
4. FEI Number 65-0247151		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01192007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  VORIS, BOBBIE L. 3685 MARVAEZ STREET FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Robert A. Mosley Street Address (P.O. Box Number is Not Acceptable) 8800 maple Glen Circle City Ft Myers FL Zip Code 33912	
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 <u>Robert A. Mosley</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1-22-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VORIS, BOBBIE 3685 MARVAEZ ST FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mosley Robert A 8800 maple Glen Circle Ft Myers Florida 33912 President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSLEY, ROBERT A 8800 MAPLE GLENN DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSLEY, KIMBERLY A 8800 MAPLE GLENN DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSLEY, KIMBERLY A 8800 MAPLE GLEN DRIVE FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u>Robert A. Mosley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-22-07</u> Daytime Phone # <u>239-839-5114</u>	