

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # S66676

1. Entity Name
TAURUS GRAPHICS, INC.



Principal Place of Business
2509 STONEWOOD ESTATES LANE
ORLANDO, FL 32825

Mailing Address
2509 STONEWOOD ESTATES LANE
ORLANDO, FL 32825



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0282823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELIZABETH CAVANAGH
2509 STONEWOOD ESTATES LANE
ORLANDO, FL 32825

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ELIZABETH CAVANAGH
STREET ADDRESS 2509 STONEWOOD ESTATES LANE
CITY-ST-ZIP ORLANDO, FL 32825

TITLE D
NAME CAVANAGH, THOMAS
STREET ADDRESS 1428 ANNA CATHERINE DR
CITY-ST-ZIP ORLANDO, FL 32828

TITLE D
NAME CAVANAGH, MARK
STREET ADDRESS 1312 LOCH BREEZE WAY
CITY-ST-ZIP ORLANDO, FL 32828

TITLE D
NAME CAVANAGH, ANDREW
STREET ADDRESS 1719 SAWGRASS CIRCLE
CITY-ST-ZIP GREENACRES, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000624862
02/14/07-80053-006 150.00

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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 all other like empowered.

SIGNATURE: ELIZABETH CAVANAGH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/07

Date

407-277-1718

Daytime Phone #