

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90100 018 \*\*\*150.00

**DOCUMENT # V35108**

1. Entity Name

TAURUS SERVICES, INC.



Principal Place of Business

570 HARBOUR DRIVE  
NAPLES FL 34103  
US

Mailing Address

570 HARBOUR DR  
NAPLES FL 34403  
US

50050283

2. Principal Place of Business

560 EL CAMINO REAL  
Suite, Apt. #, etc.  
# 1304

3. Mailing Address

560 EL CAMINO REAL  
Suite, Apt. #, etc.  
# 1304



1st MOORE

CR2E034 (10/04)

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0334729

Applied For

Not Applicable

Zip

34119

Country

U.S.A.

Zip

34119

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REEVES, KEITH  
570 HARBOUR DR  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

KEITH REEVES

Street Address (P.O. Box Number is Not Acceptable)

560 EL CAMINO REAL #1304

City

NAPLES

FL

Zip Code

34119

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

*Keith Reeves*

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME REEVES, KEITH  
STREET ADDRESS 570 HARBOUR DRIVE  
CITY-ST-ZIP NAPLES FL 34103

TITLE VSD ☐ Delete  
NAME REEVES, SHIRLEY  
STREET ADDRESS 570 HARBOUR DRIVE  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME REEVES, KEITH  
STREET ADDRESS 560 EL CAMINO REAL #1304  
CITY-ST-ZIP NAPLES, FL. 34119

TITLE VSD ☒ Change ☐ Addition  
NAME REEVES, SHIRLEY  
STREET ADDRESS 560 EL CAMINO REAL #1304  
CITY-ST-ZIP NAPLES, FL. 34119

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/05 239-83386