2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90032 050 ***150.00

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1. Entity Name
TAYLOR BOAT TRANSPORT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5200 FOXHALL DRIVE SOUTH WEST PALM BEACH, FL 33417	5200 FOXHALL DRIVE SOUTH WEST PALM BEACH, FL 33417

400J10~~

04032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11938 DELFINA LANE	11938 DELFINA LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32827 Country: USA	Zip: 32827 Country: USA

4. FEI Number: 65-0338804 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, CHARLES E. 5200 FOXHALL DRIVE SOUTH WEST PALM BEACH, FL 33417	Name: CHARLES E. TAYLOR Street Address (P.O. Box Number is Not Acceptable): 11938 DELFINA LANE City: ORLANDO FL Zip Code: 32827

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: Charles E. Taylor PRESIDENT 4/3/07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, CHARLES E. 5200 FOXHALL DR., S. W PALM BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR CHARLES E. 11938 DELFINA LANE ORLANDO, FLORIDA 32827	☑ Change ☐ Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, LINDA B 5200 FOXHALL DRIVE S WEST PALM BEACH, FL 33417	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, LINDA B. 11938 DELFINA LANE ORLANDO, FLORIDA 32827	☑ Change ☐ Addition ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Charles E. Taylor PRESIDENT 4/3/07 (407)858-0525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #