2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K57746

FILED Jan 10, 2005 8:00 am Secretary of State

01-10-2005 90027 021 ***150.00

1. Entity Nam TAXING I		S, INC.									
Principal Place of Business 1660 SOUTHERN BLVD SUITE M W PALM BEACH, FL 33406				Mailing Address 1660 SOUTHERN BLVD SUITE M W PALM BEACH, FL 33406							
2. Principal Place of Business			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			01032005	Chg-P	CR2E0	34 (10/03)	
City & State			Cit	City & State			4. FEI Numb				pplied For ot Applicable
Zip Country \			Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Age				red Agent		-	7. Name and	d Address of New Re	egistered A	gent	
						Name					
DIETZ, JACK H. 1660 SOUTHERN BLVD.					Street Address	(P.O. Box Numb	er is Not Acceptable	:)			
SUITE M W PALM E	BEACH, FL	L 33406									
				City					FL	Zip Coc	de
	named entity	y submits this statement tered agent.	for the pur	pose of changing its	register	l ed office or registe	ered agent, or bo	oth, in the State of Flo		. I familiar with,	, and accept
•											
SIGNATURE_	Signature, typed	or printed name of registered ago	ont and title if as	pplicable (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00											
FIL After Ma	E NOW!!! ay 1, 200!	FEE IS \$150.00 5 Fee will be \$550	0.00	9. Election Campa Trust Fund Cont			0.00 May Be ded to Fees				
FIL After Ma	E NOW!!! ay 1, 200!	FEE IS \$150.00 5 Fee will be \$550 OFFICERS AN		Trust Fund Cont			ded to Fees	/CHANGES TO OFFI	ICERS AND	DIRECTOR	IS IN 11
10.	DPT	OFFICERS AN		Trust Fund Cont	ribution.	Ād	ded to Fees	/CHANGES TO OFFI	ICERS AND	DIRECTOR	IS IN 11
After Ma	DPT DIETZ, JA	OFFICERS AN		Trust Fund Cont	11.	Add	ded to Fees	/CHANGES TO OFFI	ICERS AND		
10. TITLE HAME STREET ADDRESS	DPT DIETZ, JA 1265 GAT	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL	D DIRECT	Trust Fund Cont	11. TITUE	Add	ded to Fees	/CHANGES TO OFFI	CERS AND		
After Ma	DPT DIETZ, JA 1265 GAT WEST PA	OFFICERS AN	D DIRECT	Trust Fund Cont	11. TITLE NAM STRE	Add	ded to Fees	/CHANGES TO OFFI	ICERS AND	Change	☐ Addition
10. TITLE HAME STREET ADDRESS	DPT DIETZ, JA 1265 GAT WEST PA DVPS	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL	D DIRECT	Trust Fund Cont	11. TITUE	Add	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND		
After Ma	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL ILM BEACH, FL 3340	D DIRECT	Trust Fund Cont	11. THUE NAM STRE CITY THUE	Add	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	Change	☐ Addition
After Ma	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL ILM BEACH, FL 3340 VICH, TIMOTHY G.	D DIRECTO	Trust Fund Cont	11. TITLE NAM STRE CITY TITLE NAM STRE	Add	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	Change	☐ Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL LLM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE	D DIRECTO	Trust Fund Cont	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE TITL	Add E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	Change	☐ Addition
After Ma 10. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL LLM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE	D DIRECTO	Trust Fund Cont	11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	Add E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change	☐ Addition ☐ Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL LLM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE	D DIRECTO	Trust Fund Cont	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	Add E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change	☐ Addition ☐ Addition
After Ma 10. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL LLM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE	D DIRECTO	Trust Fund Cont	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	Add E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change	☐ Addition ☐ Addition
After Ma 10. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL LLM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE	D DIRECTO	Trust Fund Cont	TITLE NAME STREE CITY TITLE NAME CITY NAME CITY NAME CITY NAME NAME NAME NAME NAME NAME NAME NAME	Add E E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E E ST-ZIP E E E E E E E E E E E E E E E E E E	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change ☐ Change ☐ Change	Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL LLM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE	D DIRECTO	Trust Fund Cont	TITLE NAM STRE CITY TITLE NAM STRE	Add E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E - ST-ZIP E E - ADDRESS -ST-ZIP E - ET ADDRESS -ST-ZIP	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change ☐ Change ☐ Change	Addition Addition
After Ma 10. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL LLM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE	D DIRECTO	Trust Fund Cont	TITLE NAME STREE CITY	Add E E E T ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN OFFICERS AN ACK H. FOR TRAIL LLM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE	D DIRECTO	Trust Fund Cont	TITLE NAM STRE CITY TITLE NAM STRE	Add E E E E E E E E E E E E E E E E E E	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change ☐ Change ☐ Change	Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN ACK H. FOR TRAIL ALM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE ALM BEACH, FL 3340	DD DIRECTO	Trust Fund Cont	TITLE NAM STRE CITY TITLE NAM STRE	Add E E E E E E E E E E E E E E E E E E	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC.	OFFICERS AN ACK H. FOR TRAIL ALM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE ALM BEACH, FL 3340	DD DIRECTO	Trust Fund Cont	TITLE NAM STRE CITY TITLE NAM STRE STRE STRE STRE STRE STRE STRE STRE	Add E E E E E E E E E E E E E E E E E E	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
After Ma 10. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC. WEST PA	OFFICERS AN ACK H. FOR TRAIL ALM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE ALM BEACH, FL 3340	DD DIRECTO	Trust Fund Cont ORS Delete Delete Delete Delete	TITLE NAM STRE CITY TITLE NAM TITLE NAM TITLE NAM TITLE NAM TITLE NAM TITLE TITLE NAM TITLE TITLE NAM TITLE	Add E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ded to Fees ADDITIONS	/CHANGES TO OFFI	CERS AND	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPT DIETZ, JA 1265 GAT WEST PA DVPS OBRADO 718 BISC. WEST PA	OFFICERS AN ACK H. FOR TRAIL ALM BEACH, FL 3340 VICH, TIMOTHY G. AYNE DRIVE ALM BEACH, FL 3340	DD DIRECTO	Trust Fund Cont ORS Delete Delete Delete Delete	TITLE NAM STRE CITY	Add E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ADDITIONS	/CHANGES TO OFFI		☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

12. Thereby 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 trive 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 relegiver or trustee embowered 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 add a specific or the component of the component

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/05

561-69)-979

Daytime Phone #