

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51508

FILED
Apr 10, 2005
Secretary of State

Entity Name: DOAN TAX ADVISORY GROUP, INC.

Current Principal Place of Business:

% DANIEL J. DOAN
160 TREEMONTE DRIVE
ORANGE CITY, FL 32763

New Principal Place of Business:

% DANIEL J. DOAN
3261 US HIGHWAY 27/441
FRUITLAND PARK, FL 34731

Current Mailing Address:

% DANIEL J. DOAN
137 JAMES PLACE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2992661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOAN, DANIEL J.
137 JAMES PLACE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOAN, DANIEL J.,
Address: 137 JAMES PLACE
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: DOAN, DEBRA
Address: 137 JAMES PLACE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA K. DOAN

SECR

04/10/2005

Electronic Signature of Signing Officer or Director

_____ Date