## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2004 8:00 am Secretary of State 05-03-2004 90463 031 \*\*\*150.00 DOCUMENT # P01000053916 1. Entity Name FAST - TAX, INC. 14017370 Principal Place of Business Mailing Address 113 N FEDERAL HWY 113 N FEDERAL HWY DANIA BCH, FL 33004 DANIA BCH, FL 33004 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1111172 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent ADAMS, GERALD J DO NOT WRITE 113 N FEDERAL HWY DANIA BCH, FL 33004 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, lyped or printed name of registered agent and title if applicable (NOTE: Begistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ADAMS, GERALD J II NAME 360 TORCHWOOD AVE STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP TITLE ADAMS, GERALD J SR 360 TORCHWOOD AVE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 TITLE ADAMS, MARK NAME 12613 NW 15TH ST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP SUNRISE, FL 33323 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for its 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 be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if dress, with all other like empowered. 12. I hereby certify that the inform indicated on this report or sup of the corporation or the reciphanged, or on an attachme

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #