

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90018 006 ***150.00

DOCUMENT # P01000087406	
1. Entity Name ECONOMY TAX SERVICES I, INC.	

Principal Place of Business 2218 NW 172ND TERRACE MIAMI FL 33056	Mailing Address 2218 NW 172ND TERRACE MIAMI FL 33056
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2. Principal Place of Business 17851 N.W. 27th Ave	3. Mailing Address P.O. Box 552454
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33056	Zip 33055
Country Dade	Country Dade

4. FEI Number 26-0002251	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARSHALL, GRETA 2218 N.W. 172 TERRACE MIAMI FL 33056	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, GRETA 2218 N.W. 172 TERRACE MIAMI FL 33056 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL, VINCENT 2218 N.W. 172 TERRACE MIAMI FL 33056 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marshall, Greta PD ☒ Change ☐ Addition 17851 N.W. 27th Ave Miami, FL. 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marshall, Vincent ☒ Change ☐ Addition 17851 N.W. 27th Ave Miami, FL. 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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: Greta D Marshall 3/1/04 (305)613-6697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #