


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90249 003 \*\*\*158.75

**DOCUMENT # P02000130179**

1. Entity Name  
**N & R TAX SERVICE, INC.**



Principal Place of Business  
~~2420 HAWKCREST DR. EAST~~  
~~JACKSONVILLE, FL 32259~~

Mailing Address  
~~2420 HAWKCREST DR. EAST~~  
~~JACKSONVILLE, FL 32259~~



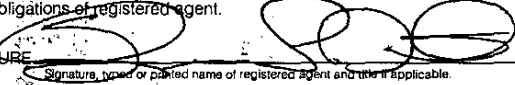
|  |                     |  |                        |
|--|---------------------|--|------------------------|
| 2. Principal Place of Business<br><b>10010 Belle Rive Blvd</b> |                     | 3. Mailing Address<br><b>10010 Belle Rive Blvd</b> |                        |
| Suite, Apt. #, etc.<br><b>801</b>                              |                     | Suite, Apt. #, etc.<br><b>801</b>                  |                        |
| City & State<br><b>Jacksonville, FL</b>                        |                     | City & State<br><b>Jacksonville, FL</b>            |                        |
| Zip<br><b>32256</b>  | Country<br><b>S</b> | Zip<br><b>32256</b>                                | Country<br><b>U.S.</b> |

04292004 Chg-P CR2E034 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>01-0757554</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.</b><br><b>1840 SW 22ND ST.</b><br><b>4TH FLOOR</b><br><b>MIAMI, FL 33145</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Sheerman Ledet</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>102 OR-13 SUITE # 3</b><br>City<br><b>Jacksonville</b> <b>FL</b> Zip Code<br><b>32259</b> |  |
|---|--|--|--|

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.

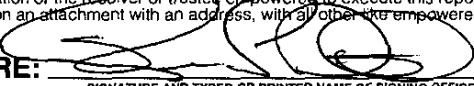
SIGNATURE:  DATE: **Apr. 1 29 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>VD</del><br><del>KLUBA, ROBERT</del><br><del>1580 FRUIT COVE WOODS DR</del><br><del>FRUIT COVE, FL 32259</del> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PRESIDENT - P</b><br><b>SHEERMAN LEDET</b><br><b>10010 BELLE RIVE BLVD #801</b><br><b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>S</del><br><del>KLUBA, KRISTI</del><br><del>1580 FRUIT COVE WOODS DR</del><br><del>FRUIT COVE, FL 32259</del> <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP- VICE PRESIDENT</b><br><b>LATRICIA L. LEDET</b><br><b>10010 BELLE RIVE BLVD #801</b><br><b>JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE:  **SHEERMAN LEDET** **4/29/04** **904 287 3222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #