

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007967

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** ASAP TAX & ACCOUNTING SERVICES INC

**Current Principal Place of Business:**

809 HANKINS CIR  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

809 HANKINS CIR  
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:** 20-8299415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORTON, MYLIKA C  
809 HANKINS CIRCLE  
ORLANDO, FL 32805 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP,S ( ) Delete  
Name: WILLIAMS, FRANCINE C  
Address: 2651 PATRICIAN CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: P,T ( ) Delete  
Name: MORTON, MYLIKA C  
Address: 809 HANKINS CIRCLE  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,T (X) Change ( ) Addition  
Name: WILLIAMS, FRANCINE C  
Address: 2651 PATRICIAN CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP,S (X) Change ( ) Addition  
Name: MORTON, MYLIKA C  
Address: 809 HANKINS CIRCLE  
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MYLIKA MORTON

VP

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date