


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-11-2005 90121 033 \*\*\*150.00

**DOCUMENT # P92000009418**

1. Entity Name  
**ACCOUNTING TAX SERVICE, INC.**



05 AUG 17 11:56

Principal Place of Business  
**Accounting Tax Service Inc  
9375 Us Highway 19 N Ste B  
Pinellas Park FL 33782-5420**

Mailing Address  
**9371 US 19 HWY N.  
PINELLAS PARK FL 33782  
US** *Same*




1st MOORE CR2E034 (10/04) *05*

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3154031** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALIFAX, JOANNE L**  
  
**Joanne Halifax  
Accounting Tax Srv Inc.  
9375 US Hwy 19 N #B  
Pinellas Park, FL 33782-5420**

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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>HALIFAX, JOANNE L 9371 US 19 HWY N. PINELLAS PARK FL 33782</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**800058788088**  
08/19/05--01056--016 \*\*\$400.00

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: *Joanne L. Halifax EA* **7/5/05 727-570-8883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Joanne L. Halifax* **B. Mitchell** **AUG 18 2005**