


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2007 8:00 am
Secretary of State

04-16-2007 90039 025 ***150.00

DOCUMENT # P92000009418			
1. Entity Name ACCOUNTING TAX SERVICE, INC.			
Principal Place of Business 9971 US 19 HWY N. SUITE B PINELLAS PARK FL 33782-6420 US		Mailing Address 9971 US 19 HWY N. SUITE B PINELLAS PARK FL 33782-6420 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 4233	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc.	
City & State		City & State Winter Haven FL	
Zip Country		Zip Country 33885 Fla.	
4. FEI Number 59-3154031		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALIFAX, JOANNE L 9971 US 19 HWY N. SUITE B PINELLAS PARK FL 33782-6420 1410 Wild Dunes Ct P.O. Box 4233 Winter Haven FL 33881		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD HALIFAX, JOANNE L <input type="checkbox"/> Delete 9971 US 19 HWY N. PINELLAS PARK FL 33782 P.O. Box 4233 Winter Haven FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1410 Wild Dunes Ct. <input type="checkbox"/> Delete Winter Haven FL 33881	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Section 119, 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: <u>Joanne L. Halifax</u>		4/2/07 863-307-4258	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Year	

Joanne L. Halifax