

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74079

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: TAXSERVICES OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

29035 SW 152 AVE  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

29035 SW 152 AVE  
HOMESTEAD, FL 33033

**New Mailing Address:**

FEI Number: 65-0279066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEY, SUSAN  
29035 SW 152 AVE  
HOMESTEAD, FL 33033 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KELLEY, JAMES,  
Address: 29035 SW 152 AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: ST ( ) Delete  
Name: KELLEY, SUSAN  
Address: 29035 SW 152 AVE  
City-St-Zip: HOMESTEAD, FL 33033

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN KELLEY

ST

01/09/2007

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

\_\_\_\_\_ Date