2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 11, 2006 08:00 AM Secretary of State **DOCUMENT # 299218** 1. Entity Name UNITED TAX SERVICE, INC. Mailing Address Principal Place of Business % DAVID ANDERSON 3307 WASHINGTON RD. WEST PALM BEACH FL 33405 % DAVID ANDERSON 3307 WASHINGTON RD. WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied Fai 59-1140633 Not Applie: Country Zip \$8.75 Additional Cauntry 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, DAVID C Street Address (P.O. Box Number is Not Acceptable) 3307 WASHINGTON ROAD WEST PALM BEACH FL 33405 City 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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of rup-steriod agerts and hittps:// (gmissanes nedw benuper enutarous mega beresican 31CM) SIAG FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fe Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BITLE Delete 3310 ☐ Change ☐ A.ii NAME ANDERSON, DAVID C HAME U00000502778 STREET ADDRESS 3307 WASHINGTON ROAD STREET ADDRESS 04/26/06-80005-006 150.00 CUY-SI-CP WEST PALM BEACH FL CDY-ST-702 TITLE Delete HILE Chance □ Ad. NAME ADAMS, CHARLES B. COME STREET ADDRESS 907 HARVEY BLDG. STREET ADDRESS CITY-SE-7/P CITY-S1-ZIP WEST PALM BEACH FL filte ☐ Delete 1551.5 Citanue T A NAME 153166 STREET ADDRESS STREET ADDRESS CCC - ST- 72 CHY-SI-DP TITLE Delete III Aci Change 317) F NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete ☐ Change TITLE TITLE NAME MAME STREET AUDRESS STREET ADDRESS CHY-ST-ZIP DITY-ST-ZIP RITLE ☐ Detete ☐ Change 3133 F T A NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZW CITY-ST-ZIP

12. I hereby certify that the information supplied with this hilling 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 direct 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 it changed, or on an attachment with an address, with all owner like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PHINTED NAME OF SIGNING

DAVID CANDERSON

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