

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 428503

FILED
Apr 08, 2009
Secretary of State

Entity Name: TAX BENEFIT SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

600 BYPASS DR
SUITE 113
CLEARWATER, FL 34624 US

Current Mailing Address:

600 BYPASS DR
SUITE 113
CLEARWATER, FL 34624 US

FEI Number: 59-1565944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBNER, MURRAY J
600 BYPASS DR SUITE 113
CLEARWATER, FL 34624 US

New Principal Place of Business:

600 BYPASS DR
SUITE 113
CLEARWATER, FL 33764 US

New Mailing Address:

600 BYPASS DR
SUITE 113
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

DUBNER, MURRAY J
600 BYPASS DR SUITE 113
CLEARWATER, FL 33764 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUBNER, MURRAY J
Address: 600 BYPASS DR SUITE 113
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUBNER, MURRAY J
Address: 600 BYPASS DR SUITE 113
City-St-Zip: CLEARWATER, FL 33764

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: MURRAY J DUBNER

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date