

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90043 028 \*\*\*150.00

<b>DOCUMENT # 439054</b>				
1. Entity Name <b>FEDERAL ACCOUNTANTS AND TAX CONSULTANTS, INC.</b>				
Principal Place of Business <b>3706 N W 43RD STREET GAINESVILLE, FL 32606</b>		Mailing Address <b>3706 N W 43RD STREET GAINESVILLE, FL 32606</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent <b>BLACK, JOSEPH E. 3706 N.W. 43RD STREET GAINESVILLE, FL 32601</b>				7. Name and Address of New Registered Agent
Name				
Street Address (P.O. Box Number is Not Acceptable)				
City				<b>FL</b> 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 reinstating) DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, JOSEPH E.</b>		NAME	
STREET ADDRESS	<b>3706 NW 43RD STREET</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>		CITY-ST-ZIP	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACK, J. EDWARD II</b>		NAME	
STREET ADDRESS	<b>3706 NW 43RD STREET</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>		CITY-ST-ZIP	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLACK, KELSEA C.</b>		NAME	
STREET ADDRESS	<b>3706 NW 43RD STREET</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>		CITY-ST-ZIP	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, MARIE B</b>		NAME	
STREET ADDRESS	<b>3706 NW 43RD STREET</b>		STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Kelsea C. Black</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
		Date: <u>3/1/07</u> Daytime Phone #: <u>352-371-6767</u>		



03012007 Chg-P CR2E034 (12/06)

4. FEI Number **59-1498365** Applied For  Not Applicable

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

