

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002111

1. Entity Name
TAXACQ, INC.



Principal Place of Business
**3960 RCA BLVD.
SUITE 6002
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3960 RCA BLVD.
SUITE 6002
PALM BEACH GARDENS, FL 33410**

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
75-2619490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION
1200 S PINES ISLAND RD
SUITE 105
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000125736
04/23/04-80004-010 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | D |
| NAME | WERTHEIM, RAM D |
| STREET ADDRESS | 113 KING ST |
| CITY-ST-ZIP | ARMONK, NY 10504 |
| TITLE | D |
| NAME | CULLEN, PAULLINE M |
| STREET ADDRESS | 113 KING ST |
| CITY-ST-ZIP | ARMONK, NY 10504 |
| TITLE | D |
| NAME | BUDNICK, NEIL G |
| STREET ADDRESS | 113 KING ST |
| CITY-ST-ZIP | ARMONK, NY 10504 |
| TITLE | DP |
| NAME | WENTWORTH, BRUCE R |
| STREET ADDRESS | 2 CORPORATE DRIVE 3RD FLOOR |
| CITY-ST-ZIP | SHELTON, CT 06848 |
| TITLE | VP |
| NAME | GUNDERSEN, GEORGE |
| STREET ADDRESS | 3950 RCA BLVD #5001 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce R Wentworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
Date

(866)279-6428
Daytime Phone #

Bruce R Wentworth