

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90358 022 \*\*\*150.00

**DOCUMENT # F98000005894**  
 1. Entity Name  
**FAST TAX SERVICE OF FLORIDA, INC.**



Principal Place of Business: **631 MILAM STREET, STE 201, SHREVEPORT LA 71101**  
 Mailing Address: **401 MARKET ST., SUITE 500, SHREVEPORT LA 71101**

2. Principal Place of Business: Suite, Apt. #, etc. **SUITE 201**  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **LA**  
 Zip: **71101** Country: **USA**



MOORE CR2E034 (11/03)  
 4. FEI Number **72-1428839**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MEYER, MATTHEW J**  
**101 EAST KENNEDY BLVD., STE 2000**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINCOVE, ARNOLD M	
STREET ADDRESS	401 MARKET STREET, #500	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NIMMO, PHILIP	
STREET ADDRESS	631 MILAM ST.	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EASOM, JOHN M	
STREET ADDRESS	631 MILAM ST.	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	HORTON, DONALD L	
STREET ADDRESS	631 MILAM ST.	
CITY-ST-ZIP	SHREVEPORT LA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Arnold M. Lincove* **ARNOLD M. LINCOVE** **4-12-04** **318-222-2770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #