

# 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 403 201  
SHREVEPORT LA 71101**

Mailing Address  
**401 MARKET ST., SUITE 500  
SHREVEPORT LA 71101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 201**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MEYER, MATTHEW J  
101 EAST KENNEDY BLVD., STE 2000  
TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**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** ☐ Delete  
NAME **LINCOVE, ARNOLD M**  
STREET ADDRESS **401 MARKET STREET, #500**  
CITY-ST-ZIP **SHREVEPORT LA**

TITLE **VD** ☐ Delete  
NAME **NIMMO, PHILIP**  
STREET ADDRESS **631 MILAM ST.**  
CITY-ST-ZIP **SHREVEPORT LA**

TITLE **STD** ☐ Delete  
NAME **EASOM, JOHN M**  
STREET ADDRESS **631 MILAM ST.**  
CITY-ST-ZIP **SHREVEPORT LA**

TITLE **CEOD** ☐ Delete  
NAME **HORTON, DONALD L**  
STREET ADDRESS **631 MILAM ST.**  
CITY-ST-ZIP **SHREVEPORT LA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ 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 #