

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90198 015 \*\*\*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**

**40069985**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005

Chg-P

CR2E034 (10/03)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME LINCove, ARNOLD M  
STREET ADDRESS 401 MARKET STREET, #500  
CITY-ST-ZIP SHREVEPORT, LA

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME James Flee + Howell  
STREET ADDRESS 631 Milam Street  
CITY-ST-ZIP Shreveport, la 71101

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #