


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90059 050 ***150.00

DOCUMENT # G09653	
1. Entity Name RASMUSSEN ACCOUNTING AND TAX SERVICE, INC.	

Principal Place of Business DR MI. KING ST N SAINT PETERSBURG FL 33704-3202	Mailing Address DR MI. KING ST N SAINT PETERSBURG FL 33704-3202
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20012751



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 2090 Dr ML King St N Suite, Apt. #, etc.	3. Mailing Address 2090 Dr ML King St N Suite, Apt. #, etc.
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City & State St Petersburg FL	City & State St Petersburg FL	4. FEI Number 59-2238051	Applied For <input type="checkbox"/> Not Applicable
Zip 33704	Country Pinellas	Zip 33704	Country Pinellas

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RASMUSSEN, FRED S. 2090 DR MI. KING ST N SAINT PETERSBURG FL 33704-3202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASMUSSEN, FRED S DR MI. KING ST N SAINT PETERSBURG FL 33704-3202	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RASMUSSEN, CRAIG L DR MI. KING ST N SAINT PETERSBURG FL 33704-3202	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Fred S Rasmussen Fred S Rasmussen 2/11/05 727/827-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Phone #