


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90077 039 ***150.00

DOCUMENT # G09653

1. Entity Name
RASMUSSEN ACCOUNTING AND TAX SERVICE, INC.



Principal Place of Business
**2090 DR ML KING ST N
 SAINT PETERSBURG FL 33704**

Mailing Address
**2090 DR ML KING ST N
 SAINT PETERSBURG FL 33704**



2. Principal Place of Business
5627 HARDING BLVD N.E.

3. Mailing Address
5627 HARDING BLVD N.E.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG FL

Zip
33703

Country
PINELLIAS

Zip
33703

Country
PINELLIAS

4. FEI Number **59-2238051**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RASMUSSEN, FRED S.
 DR ML KING ST N
 SAINT PETERSBURG FL 33704-3202**

7. Name and Address of New Registered Agent

Name
RASMUSSEN FRED S

Street Address (P.O. Box Number is Not Acceptable)
5627 HARDING BLVD N.E.

City
ST PETERSBURG FL Zip Code
33703-2519

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 **FRED S. RASMUSSEN** *Fred S Rasmussen* **2/11/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P <input type="checkbox"/> Delete
NAME	RASMUSSEN, FRED S
STREET ADDRESS	DR ML KING ST N
CITY-ST-ZIP	SAINT PETERSBURG FL 33704-3202
TITLE	V <input type="checkbox"/> Delete
NAME	RASMUSSEN, CRAIG L
STREET ADDRESS	DR ML KING ST N
CITY-ST-ZIP	SAINT PETERSBURG FL 33704-3202
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, FRED S
STREET ADDRESS	5627 HARDING BLVD N E
CITY-ST-ZIP	ST PETERSBURG FL 33703-2519
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, CRAIG L
STREET ADDRESS	5627 HARDING BLVD N E
CITY-ST-ZIP	ST PETERSBURG FL 33703-2519
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 exemptions contained in Section 119, 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** **2/11/06** **727/526-3364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #