


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H30467</b> 1. Entity Name <b>TAXMASTERS, INC.</b>	
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Principal Place of Business <b>670 SE MONTEREY RD STUART, FL 34994-4410</b>	Mailing Address <b>670 SE MONTEREY RD STUART, FL 34994-4410</b>
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01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2465286</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BOWKER, ROBERTA J  
2197 SE SHELTER DR  
PORT SAINT LUCIE, FL 34952**

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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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000480920 04/11/06-80008-023 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOWKER, ROBERTA JO 670 SE MONTEREY RD. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BOWKER, ROBERTA JO 670 SE MONTEREY RD. STUART, FL 34994
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Robert J. Bowker Robert J Bowker 3-22-06 772-286-9040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #