


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

01-24-2006 90032 013 ***150.00

DOCUMENT # H65076 1. Entity Name THE TAXXPERTS, INC.	
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Principal Place of Business 15951 N FLORIDA AVE. LUTZ, FL 33549	Mailing Address 15951 N. FLORIDA AVE LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1649311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, STEWARD L.
 3557 LAKE BREEZE DR
 LAND O'LAKES, FL 34639

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STAFFORD, STEWARD L 3557 LAKE BREEZE DR LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STAFFORD, SYLVIA A 3557 LAKE BREEZE DR LAND O'LAKES, FL 34639
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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, 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:  **S.L. STAFFORD** 2/16/06 873-968-9228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT



6600 1885

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

THE TAXXPERTS, INC.
15951 N. FLORIDA AVE
LUTZ, FL 33549

Subject: THE TAXXPERTS, INC.

Reference Number: H65076

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION