


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

01-24-2006 90032 013 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # H65076</b> 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

**66001885**



01132006 No Chg-P CR2E034 (11/05)

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 registering)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	STAFFORD, STEWARD L
STREET ADDRESS	3557 LAKE BREEZE DR
CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE	DS
NAME	STAFFORD, SYLVIA A
STREET ADDRESS	3557 LAKE BREEZE DR
CITY-ST-ZIP	LAND O'LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. L. STAFFORD

Date

2/16/06 813-968-9226

Daytime Phone #

ATTACHMENT



66501885

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