

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90073 036 ***150.00

40003039



01042007 Chg-P CR2E034 (12/06)

DOCUMENT # H65076 1. Entity Name THE TAXXPERS, INC.			
Principal Place of Business 15951 N FLORIDA AVE. LUTZ, FL 33549		Mailing Address 15951 N. FLORIDA AVE LUTZ, FL 33549	
2. Principal Place of Business - No P.O. Box # 1515 DALE HARRY HWY		3. Mailing Address (Same)	
Suite, Apt. #, etc. STE. 102		Suite, Apt. #, etc. (Same)	
City & State LOTZ, FL		City & State LOTZ, FL	
Zip 33548		Country USA	
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1515 DALE HARRY HWY SUITE 102 City LOTZ FL Zip Code 33548	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT STAFFORD, STEWARD L 3557 LAKE BREEZE DR LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STAFFORD, SYLVIA A 3557 LAKE BREEZE DR LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STAFFORD, SYLVIA A 3557 LAKE BREEZE DR LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STAFFORD, SYLVIA A 3557 LAKE BREEZE DR LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STAFFORD, SYLVIA A 3557 LAKE BREEZE DR LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STAFFORD, SYLVIA A 3557 LAKE BREEZE DR LAND O'LAKES, FL 34639	<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 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:		S.L. STAFFORD	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-16-07	
Daytime Phone # 813-949-4993			