

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90025 009 ***150.00

DOCUMENT # H65076

1. Entity Name
THE TAXXPERTS, INC.



Principal Place of Business

1515 DALE MABRY HWY
STE 102
LUTZ, FL 33548

Mailing Address

15951 N. FLORIDA AVE
LUTZ, FL 33549

2. Principal Place of Business - No P.O. Box #

1519 DALE MABRY HWY

3. Mailing Address

1519 DALE MABRY HWY

Suite, Apt. #, etc.

STE 105

Suite, Apt. #, etc.

SUITE 105

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33548

Country

FL

Zip

33548

Country

FL

01092008

Chg-P

CR2E034 (12/06)

4. FEI Number

58-1649311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, STEWARD L.
1515 DALE MABRY HWY
STE 102
LUTZ, FL 33548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1519 DALE MABRY HWY

SUITE 105

City

FL

Zip Code

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 reinstating)

DATE

2-14-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEWART L. STAFFORD

Date

2-9-08

Daytime Phone #

813-549-4493