2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87998

FILED Mar 10, 2007 Secretary of State

Entity Name: ROSS AND ROSS ACCOUNTING AND TAX SERVICE, P.A.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
3033 HAR ⁻ STE 4	TLEY ROAD			
	VILLE, FL 32257	US		
Current Mailing Address:		New Maili	New Mailing Address:	
STE 4	TLEY ROAD VILLE, FL 32257	US		
FEI Number:	: 59-2614593 FE	El Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()
Name and	Address of Curre	ent Registered Agent:	Name and	Address of New Registered Agent:
3033 ĤAR ⁻ STE 4	IARLES R II TLEY ROAD VILLE, FL 32257	US		
	named entity subn e of Florida.	nits this statement for the p	urpose of changing it	ts registered office or registered agent, or bo
SIGNATUF	RE:			
		ignature of Registered Age	nt	Date
Election Can	npaign Financing Tru	st Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Dele ROSS, CONSTANCE 12447 ALADDIN RD. JACKSONVILLE, FL	:1	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	TD () Dele ROSS, CHARLES R 12447 ALADDIN RD. JACKSONVILLE, FL	II	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Dele ROSS, PATRICIA E 3853 MANDARIN WO JACKSONVILLE, FL	DODS DR N	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ROSS, PATRICIA E 5243 COUNTY ROAD 209 SOUTH GREEN COVE SPRINGS, FL 32043
Title:	VP () Dele ROSS, SHARON T	te	Title: Name: Address:	VP (X) Change () Addition ROSS, SHARON T 3853 MANDARIN WOODS DR N

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE I ROSS PRES 03/10/2007