2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90016 035 ***150.00

DOCUMENT # H87998

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

Principal Place of Business	Mailing Address
3033 HARTLEY ROAD STE 4 JACKSONVILLE, FL 32257 US	3033 HARTLEY ROAD STE 4 JACKSONVILLE, FL 32257 US

400203JU

02152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1629 Race Track Rd.	1629 Race Track Rd.
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: 101
City & State: Saint Johns, FL	City & State: Saint Johns, FL
Zip: 32259 Country: USA	Zip: 32259 Country: USA

4. FEI Number: 59-2614593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, CHARLES R II
3033 HARTLEY ROAD
STE 4
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 1629 Race Track Rd. Suite 101

City: Saint Johns FL Zip Code: 32259

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: Charles R. Ross, II 2-16-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSS, CONSTANCE I 12447 ALADDIN RD. JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSS, CHARLES R II 12447 ALADDIN RD. JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSS, PATRICIA E 5243 COUNTY ROAD 209 SOUTH GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSS, SHARON T 3853 MANDARIN WOODS DR N JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Provencher, Sharon T.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Charles R. Ross, II S/T 2-16-08 904-287-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #