

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87998

FILED  
Feb 19, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1629 RACE TRACK ROAD  
SUITE 101  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

1629 RACE TRACK ROAD  
SUITE 101  
SAINT JOHNS, FL 32259 US

**Current Mailing Address:**

1629 RACE TRACK ROAD  
SUITE 101  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

1629 RACE TRACK ROAD  
SUITE 101  
SAINT JOHNS, FL 32259 US

**FEI Number:** 59-2614593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, CHARLES R II  
1629 RACE TRACK ROAD  
SUITE 101  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

ROSS, CHARLES R II  
1629 RACE TRACK ROAD  
SUITE 101  
SAINT JOHNS, FL 32259 US

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.

SIGNATURE:

02/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROSS, CONSTANCE I  
Address: 12447 ALADDIN RD.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD  
Name: ROSS, CHARLES R II  
Address: 12447 ALADDIN RD.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP  
Name: ROSS, PATRICIA E  
Address: 5243 COUNTY ROAD 209 SOUTH  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP  
Name: PROVENCHER, SHARON T  
Address: 3853 MANDARIN WOODS DR N  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby 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 all other like empowered.

SIGNATURE: SHARON PROVENCHER

VP

02/19/2010

Electronic Signature of Signing Officer or Director

Date